

DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis 3 Registration District No. 198
Township W. Upper 1 Primary Registration District No. 3011
City St. Louis (No. 362) St. Ward

File No. 38930
Registered No. 164

2. FULL NAME

Charles Hill Suddarth
(a) Residence, No. 1515 1/2 E. Franklin Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel Suddarth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1869
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 5 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor of Medicine
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.D.
10. Date deceased last worked at this occupation (month and year) Nov. 27, 1938
11. Total time (years) spent in this occupation. 41 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER FATHER
13. NAME James C. Suddarth
BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

MOTHER FATHER
15. MAIDEN NAME Moving Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT S. Suddarth
(ADDRESS) 3547 Olive St. S. P. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Nov. 29 1938

19. UNDERTAKER (ADDRESS) W. H. Cracker

20. FILED Nov. 25 1938 Louisa M. Cracker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1938, to Nov. 25, 1938
I first saw him alive on Nov. 25, 1938. Death is said to have occurred on the date stated above, at 10:55 A. M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 11/27/38

Other contributory causes of importance: Chronic Myocarditis

Name of operation none Date of
What test confirmed diagnosis? ph. + lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) S. M. Cracker M. D.
(Address) Ex. 1000 S. P. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/13/58