

REC'D FEB 10 1939

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

210

Do not use this space.

1. PLACE OF DEATH

(a) County..... | Registration District No.....
 (b) Township..... | Primary Registration District No.....
 (c) City ST. LOUIS (d) Street No. CHRISTIAN HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 343 RAYMOND H. SUDHOELTER

(a) Residence, No. 3617 N. TAYLOR AVE St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELVIRA SUDHOELTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 16 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INTERIOR DECORATOR
 9. Industry or business in which work was done, as saw mill, bank, etc. SELF
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.13. NAME FREDERICK SUDHOELTER14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.15. MAIDEN NAME BARBARA KLEMM16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WATERLOO, ILL.17. INFORMANT (ADDRESS) Mrs. Elvira Sudhoelter
3617 N. Taylor Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE Jan. 7, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. M. Schumacher
4834 Natural Bridge20. FILED JAN 8 1939 J. D. Bredich Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to Jan 4, 1939
 I last saw him alive on Jan. 4, 1939. Death is said to have occurred on the date stated above, at 9:50 P.M.

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

Acute Endocarditis Date of onset 12/31/38

Other contributory causes of importance:

Rheumatic Heart Disease 1910
with Mitral Stenosis

Name of operation..... Date of.....
 What test confirmed diagnosis Clival Sign Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... 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 Charles Newton, M. D.

(Signed) Charles Newton, M. D.
 (Address) 3911 Lee Ave.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3880

P.O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.