REC'D JUL 12 1939

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

20225
Do not use this space.

1. PLACE OF DEATH 2

(a) County ..... Registration District No. 791

(b) Township or City ..... Primary Registration District No. 1003 Registered No. 5069

(c) ST. LOUIS (d) Street No. 3528 CAROLINE ST. 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 536 ANNIE SUNDERMAN

(a) Residence, No. 3528 CAROLINE ST. St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR DIVORCED (*write* the word): WIDOW

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: HENRY SUNDERMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN 11-1852

7. AGE: YEARS 87 MONTHS 4 DAYS 23 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. NIL
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): GERMANY 6

FATHER
13. NAME: LINDERS 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY 6

MOTHER
15. MAIDEN NAME: UNKNOWN 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): MRS. AUGUSTA VAHRENHORST 3528 CAROLINE ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE: ST. PETERS, CEM. DATE: JUNE 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): E. J. Schnur, 3125 Lafayette Av.

20. FILED ....., 19.... J. B. Buchek Local Registrar

JUN 5 1939

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JUNE 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1939, to June 3, 1939
I last saw her alive on June 3, 1939. Death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset June 3. 39

I have not seen patient since June 39 until this stroke

Other contributory causes of importance:
Senilitis & Arteriosclerosis

Name of operation — Date of —
What test confirmed diagnosis? — 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? —
If so, specify .....
(Signed) A. H. Hamel, M. D.
(Address) 1460 So Grand Av

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X16605

## 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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

**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.**