

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 13 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34047
State File No. 8585
Registrar's No.

Registration District No. 707 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County 1
(b) City or town St. Louis
(c) Name of hospital or institution: Lutheran Hospital
(d) Length of stay: In hospital or institution X
In this community X years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 1
(c) City or town St. James
(d) Street No. 5211 Alaska Ave.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Stillborn Infant Suess
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 6 -
year 1939 hour 10:42 minute 7 A.M.
21. I hereby certify that I attended the deceased from June 8 - 39
1939, to October 6 1939
that I last saw h — alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W.
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Stillborn 10/6/39
(Month) (Day) (Year)

Immediate cause of death: Congenital Malformation Hydrocephalus
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. _____ min. _____
9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations X Of autopsy X
Underline the cause to which death should be charged statistically

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name Clifton Suess
13. Birthplace St. Louis Mo.
14. Maiden name Hoafener
15. Birthplace St. Louis Mo.
16. (a) Informant's own signature Clifton Suess
(b) Address 5211 Alaska

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____ X
(b) Date of occurrence _____ X
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof 10/7/39
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director J. J. Ziegler
(b) Address 7027 Gravois
19. (a) OCT 7 1939 (b) J. J. Ziegler

(Specify type of place) _____
(e) Means of injury _____ X
28. Signature Dietrich Roesper (M. D. or other) M.D.
Address 3805 So. Broadway Date signed 10/6/39

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.....

No Embalming

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

C. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

6937^a Travis

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.