

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **791**
1000

Primary Registration District No. _____

Registrar's No. **9029**

1. PLACE OF DEATH: **1958 NOV 13 1951**

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Days
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4028 Botanical
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME George F. Sunderman 5216

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophia

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased November 17, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>4</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture Upholsterer

11. Industry or business H. Zollinger Upholster Co

MOTHER FATHER { 12. Name Frederick Sunderman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Moeller

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Spahr Sunderman

(b) Address 4028 Botanical Ave.

17. (a) Burial (b) Date thereof 10/24/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Wacker-Weldale

(b) Address 2331 S. Broadway

19. (a) OCT 24 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1939 hour 6 minute 40 p. e. M.

21. I hereby certify that I attended the deceased from 9-25-39
1939, to 10-21- 1939;
that I last saw h. im alive on 10-21-39, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus and larynx primary site unknown

Duration 6 mos.

Due to _____

Due to 46

Other conditions acute myocardial insufficiency
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: carcinoma of esophagus and larynx

Of operations _____

Of autopsy no autopsy

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature E. L. Keyes M.D. (M. D. or other) _____

Address 400 Metropolitan Building Date signed 10.23.39

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.

50M-517-39
Rev. 6-17-39
U.S. GPO: 1939

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 Frank J. Williams Sr.
Licensed Embalmer No. 2645
P. O. Address St Louis Mo.

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.