

Registration District No. 157

Primary Registration District No. 5998

Registrar's No. 34

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town Rural St. Charles Township
(c) Name of hospital or institution:
St. Charles County Home
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

8. (a) PRINT FULL NAME FRED SUELTHAUS 432
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: July 27th 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation None

11. Industry or business _____
12. Name John Gerhart Suelthaus
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary (Credemier)
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Helma Sapanian
(b) Address St. Charles Mo.

17. (a) Burial (b) Date thereof Feb 14th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Harold Mann - Both
(b) Address 326 N. 6th St - St. Charles Mo

19. (a) 7/14/40 (b) Clarence H. Meselen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. St. Charles County Home (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 12th
year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from July 1st, 1939 to Feb 12th, 1940
that I last saw him alive on Feb 5th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis (Arteriosclerosis)
Due to Sen. Arteriosclerosis 1890s

Due to _____
Other conditions None (Include pregnancy within 3 months of death) 171

PHYSICIAN
Major findings: None
Of operations _____
Of autopsy None
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 A.P. Eriol Schuch (M. D. or other) 1/13/40
Address St. Charles Mo. Date signed 1/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

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..... *Arthur C. Bane*

Licensed Embalmer No. *3144*

P. O. Address *St Charles 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.