

MAY 15 1940 791  
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town ST LOUIS MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2721 Dodier St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 21

3. (a) PRINT FULL NAME THRESA SUNDER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER  
6. (b) Name of husband or wife AUGUST SUNDER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MARCH 22 (Month) 22 (Day) 1860 (Year)

8. AGE: Years 80 Months 1 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name MARTIN WITTLING

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

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature Laura LeRoy

(b) Address 2721 Dodier St.

17. (a) \_\_\_\_\_ (b) Date thereof 4-25-40 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Hubert Shubman

(b) Address APR 23 1940 3039 Easton

19. (a) APR 22 1940 (Date received local registrar) (b) \_\_\_\_\_ (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2721 DODIER ST  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 22  
year 1940 hour 10/30 minute P.M. M.  
21. I hereby certify that I attended the deceased from April 12  
1940 to April 20 1940  
that I last saw him alive on April 20 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Arterio Sclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations None  
Of autopsy None  
PHYSICIAN \_\_\_\_\_  
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 J. W. Gorse (M. D. or other) \_\_\_\_\_  
Address 508 N. Howard St. Date signed 4-26-40

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.

REV. 8-17-39. I X10511

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**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.....

*John Hetter*

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.**