

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.

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

Do not use this space.

**JAN 15 1941**

**42474**

**1. PLACE OF DEATH**

County Gasconade  
Township Roark  
City Roark (No. 2)

Registration District No. 303  
Primary Registration District No. 5420

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME George Sulser Sr. 0**

(a) Residence, No. Hermann, Mo. Route #2 St. Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Sulser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1851

7. AGE YEARS <u>89</u>	MONTHS <u>11</u>	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>
	10. Date deceased last worked at this occupation (month and year) <u>1935</u>
	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osmus, Switzerland

13. NAME Jacob Sulser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Elizabeth Schlegel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Jacob Sulser  
(ADDRESS) Hermann, Mo. Route #2

18. BURIAL, CREMATION, OR REMOVAL  
PLACE City Cemetery, DATE Jan 1 1941

19. UNDERTAKER Herman Blumer  
(ADDRESS) Berger Mo

20. FILED 12-30 1940 Anna K. Rieckhoff  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1940

22. I HEREBY CERTIFY, that I attended deceased from Oct. 7, 1940 to Dec. 29, 1940  
I last saw him alive on Dec. 29, 1940 Death is said to have occurred on the date stated above, at 145PM.  
The principal cause of death and related causes of importance were as follows:

Haemia due to acute Bright's disease and chronic prostatic enlargement  
Arteriosclerosis  
Date of onset 2 months

Other contributory causes of importance: 12.7

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external cause (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? No.  
If so, specify \_\_\_\_\_  
(Signed) John Engelbrecht M.D.  
(Address) Stang Hill, Mo.

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 Herman Blum

Licensed Embalmer No. 528

P.O. Address Berger, Mo