

FILED JAN 8 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2319

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6334 Isabella
(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) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6334 Isabella
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1940 hour 11 minute 27 P.M.

21. I hereby certify that I attended the deceased from July, 1937, to Dec 6, 1940
that I last saw h. or alive on Dec 6, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Arteriosclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death):
None

Major findings:
Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence None
(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) (Or) Means of injury _____
23. Signature Francis Pruitt (M. D. or other) 1940
Address 6125 B. Street Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Clothilda Sucher

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lawrence Sucher 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 2 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name George Hurst

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

14. Maiden name Don't know

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

16. (a) Informant Mrs May Ladendecker

(b) Address 6334 Isabella Ave.

17. (a) Burial (b) Date thereof Dec 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Jos W. Clark

(b) Address 1125 Hodiamont Ave.

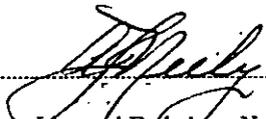
19. (a) DEC 7 1940 (b) L.R. Thayer
(Date received local registrar) (Registrar's signature)

DR P J RELLY

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.....


Licensed Embalmer No. 3225

P. O. Address 1125 Hodiament Ave.

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, fact should be so stated above.