

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39831

State File No. _____

FILED JAN 24 1942 91
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9537

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:
5154 Goethe Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Life.
years, months or days

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. 5154 Goethe Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PHILOMENA SUDA.

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 Widow.

6. (b) Name of husband or wife Charles Suda.

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

7. Birth date of deceased Dec. 11. 1852.
(Month) (Day) (Year)

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

89 18

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

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER { 12. Name William Puchta

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

14. Maiden name Unknown

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

16. (a) Informant Mary Brown

(b) Address 5154 Goethe Ave.

17. (a) Burial (b) Date thereof Dec 2, /41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director Thorstein & Son

(b) Address 2906 Gravois Ave.

19. (a) DEC 1 1941 (b) J. T. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 29
year 1941 hour 11 20 A.M. M.

21. I hereby certify that I attended the deceased from OCTOBER 22, 1941, to NOV 28, 1941,
that I last saw her alive on NOV 28, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebra -
& Chronic Myocarditis
Nephritis
Due to Chronic Myo-carditis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature James J. Strain (M. D. or other) MD
Address 4522 W. R. 91st St Date signed 11/29/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

17
9

600
17
2
9
0

Handwritten notes and scribbles, possibly including a date like '14'.

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.....

David Milton Van Fossan

Registered Apprentice No. *280*

working under my personal supervision.

Signed *Thorpe*

Licensed Embalmer No. *1619*

P. O. Address *2906 Gravois*

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.