

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1045

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **699**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3255 - Nebraska
(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 MO (b) County 009
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3255a Nebraska
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country: 1

3. (a) PRINT FULL NAME William B. Suedkamp

(b) If veteran, name war _____ (c) Social Security No. 492-01-77761

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov 29 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Shoe Cutter

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Suedkamp
 13. Birthplace St. Louis
(City, town, or county) (State or foreign country)
 14. Maiden name Christina Osterman
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Suedkamp
 (b) Address 3255a Nebraska

17. (a) Burial (b) Date thereof Jan 22 44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John H. Belker Jans

(b) Address 2630 Gravois

19. (a) Jan 20 1944 J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1944 hour 6 minute 20 M.

21. I hereby certify that I attended the deceased from January 15, 1944 to January 20, 1944; that I last saw him/her alive on January 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumo pneumonia Duration 4 days
due to 66a. Dipht 5 days
fluency 4 days
on 90c. diphtheria 1 year

Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

Duration

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 Henry G. Pieper (M. D. or other) _____
 Address 4126 D. Grand Blvd Date signed _____

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..... *Robert J. Gebbens*

Licensed Embalmer No..... 4144

P. O. Address..... 2630 Gravois Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.