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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1944
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1048
State File No. _____
120
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 1003

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days. (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Emma Sundemeier
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 Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 25 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Sundermeier

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

14. Maiden name Johana Schroedet

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

16. (a) Informant Harry Sundermeier

(b) Address St. Charles, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44
(Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) JAN 5 1944 (Date received local registrar) (b) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4607 1/2 Belmont (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 3
year 1944 hour 11 minute 15 P. M.
21. I hereby certify that I attended the deceased from 1-1-44
_____, 19____, to 1-7-44, 19____,
that I last saw her alive on 1/4/44, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia
Due to Hypertensive Heart Disease
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: None
Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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?

23. While at work? _____ (Specify type of place) (e) Means of injury _____
Signature Dr. Brudick (M. D. or other) _____
Address Trappwood Mo Date signed 1/5/44

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

MOTHER FATHER

MAY 2 1944

MAY 1944

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 G. Hoff*

Licensed Embalmer No. *5921*

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, fact should be so stated above.