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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1944

Registration District No. 37

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17696

Primary Registration District No. 5187

Registrar's No.

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gordonville Mo R#2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: Gordonville Mo R#2 (If rural, give location)

(e) Citizen of foreign country? No, (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Augusta Suedukum

3. (b) If veteran, name war: .....

3. (c) Social Security No.: .....

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Fred Suedukum

6. (c) Age of husband or wife if alive: 90 years

7. Birth date of deceased: Feb (Month) 2 (Day) 1857 (Year)

8. AGE: Years 87 Months 2 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace: Gordonville Mo R#2 (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: .....

MOTHER FATHER

12. Name: Julius Vasterling

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

14. Maiden name: Margaret Ludwig

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

16. (a) Informant: Fred Suedukum

(b) Address: Gordonville Mo R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 26 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: St James Cemetery

18. (a) Signature of funeral director: McCombs Funeral Home

(b) Address: Jackson Mo

19. (a) 4-26-1944 (Date received by local registrar) (b) A. H. Meade (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th year 1944 hour 3 minute a M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to April 23, 1944 that I last saw her alive on April 23, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 hrs
Due to: Hypertension	10 yrs
Due to: arterial sclerosis	15 yrs
Other conditions: Chr myocarditis (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations: .....
Of autopsy: .....

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: T E Ruff (M. D. or other) M.D.

Address: Jackson Date signed: 4-26-44

1138

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 544-38

Date Filed 5-26-4

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 B A Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson Mo.

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

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