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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20333

Registration District No. 8 Primary Registration District No. 1003 Registrar's No. 5566

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis. Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1520 s. 13th Street.
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 017
(c) City or town St. Louis. 239
(If outside city or town limits, write "RURAL")
(d) Street No. 1520 s. 13th Street.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME Alois Susin Sr.

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

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

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frances

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

7. Birth date of deceased April 29 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Susin.
(b) Address 1520 s. 13 th Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/44 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Wm C Mogsel
(b) Address 1926 allen av.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June. day 19 year 1944 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 17, 1944 to June 19, 1944 that I last saw him alive on June 18, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Myocarditis	2yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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 S. T. Gaudosky (M. D. or other) MD
Address Jana 3 1415 S. Grand Date signed June 19 44

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed David M. Davi

Licensed Embalmer No. 3741

P.O. Address 1926 Allen a

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

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