

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31835

State File No. _____

FILED SEP 30 1944

Registration District No. 312

Primary Registration District No. 6076

Registrar's No. 1957

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
334 Tower Grove Drive
(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 St. Louis
 (c) City or town Normandy
(If outside city or town limits, write "RURAL")
 (d) Street No. 334 Tower Grove Drive
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George C. Suelthaus

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Rosine Suelthaus 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased December 30, 1873.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Gerhard Suelthaus
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Florintine Plackmeier
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosine Suelthaus
 (b) Address 334 Tower Grove Dr., Normandy, Mo.

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

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
 (b) Address 4828 Natural Bridge Blvd.

19. (a) SEP 26 1944 (b) C. V. McClellan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23rd
 year 1944 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from 2-26 1944 to 9-23 1944
 that I last saw him alive on 9-23 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 2da

Due to Arterio sclerosis 10yr

Due to Chr. Nephritis 10yr

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

Major findings:
 Of operations _____
 Of autopsy _____
 12/21/44

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? _____

(Specify type of place) _____
 (e) Means of injury F?

23. Signature Perth K. Kunkel, M.D. (M.D. or other) _____
 Address 340 Bermuda Ave Date signed 9-24-44

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

1600

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.....

John A. Minar

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

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.