No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39849
11534

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McMillan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")
(d) Street No. 40 Royal Place NR
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert E Sudekum
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Anna O'Hara Sudekum
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased Sept. (Month) 3 (Day) 1899 (Year)

8. AGE: Years 46 Months 9 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Hardware Merchant
11. Industry or business Hardware
FATHER
12. Name Frederick F. Sudekum
13. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Esther Byrne
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Fred J. Sudekum
(b) Address 1230 Sunset Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Missouri
19. (a) DEC 28 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1945 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12-24 1945 to 12-27 1945 that I last saw him alive on December 27 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Alcoholism — delirium tremens — Duration

Due to

Due to

Other conditions Essential hypertension
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F. R. Bradley (M. D. ~~another~~)
Address Barnes Hospital, Date signed

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1946

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.