S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24781

State File No. 0

Registration District No. 677 Primary Registration District No. 3063 Registrar's No. 148 L

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: #16 BRENTMOOR 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 MO (b) County St Louis

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

(d) Street No. #16 BRENTMOOR DRIVE (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SUMURO LOUIS SUGAWARA

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race ORIENTAL

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MCH (Month) 4th (Day) 1891 (Year)

8. AGE: Years 55 Months 4 Days 9 If less than one day hr. min.

9. Birthplace JAPAN (City, town, or county) 7 (State or foreign country)

10. Usual occupation HOUSEMAN

11. Industry or business

FATHER
12. Name SUMURO SUGAWARA
13. Birthplace JAPAN (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace JAPAN (City, town, or county) 7 (State or foreign country)

16. (a) Informant Norman George

(b) Address #16 Brentmoor Drive

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/16/46 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director L. Mullen Ind Co

(b) Address 5165 DELMAR BL

19. (a) 7-16-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13th year 1946 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 2/14/48, 19 to death, 19; that I last saw alive on 6/4/46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis	yrs
Due to: atherosclerosis 9 yrs	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas W Miller (M. D. or other)

Address 408 Humboldt Date signed 7/15/46

(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.....

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

working under my personal supervision.

Signed H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.