

S. No. 2  
M-543  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25770  
Registrar's No. 6521

Registration District No. 185

Primary Registration District No. 1003

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

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:  
2515a Missouri Av.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3515a Missouri Av.  
(If rural, give location)  
(e) Citizen of foreign country? No..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Ignatius Suliber  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Barbara  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased July 31 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
Abt	80	11	25 24	hr. min.

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

10. Usual occupation Iron Moulder

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown 9  
13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

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

16. (a) Informant Barbara Suliber  
(b) Address 3515a Missouri Av.

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

18. (a) Signature of funeral director Wm G Morgan  
(b) Address 1926 Allen Av.

19. (a) JUL 26 1946 (Date received local registrar) (b) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 25  
year 1946 hour 1.15 minute A M.  
21. I hereby certify that I attended the deceased from July 18, 1946, to July 25, 1946  
that I last saw him alive on July 18, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach Duration 6 mos.

Due to.....  
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) (c) Means of injury.....  
23. Signature Thos A Dell (M. D. or other) MD  
Address 7346 a Manchester Date signed 7-25-46

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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 Benny I. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen St

**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.**