No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31670

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2134

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Florissant Station R,1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 20 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) St. Louis Co.

(c) City or town Florissant Station R.1Box 469
(If outside city or town limits, write "RURAL")

(d) Street No. Florissant Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry H.A. Sundermeyer

3. (b) If veteran, name war none

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

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Sundermeyer

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May (Month) 17 (Day) 1893 (Year)

8. AGE: Years 55 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Henry Sundermeyer
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Heitman
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Anna Sundermeyer
(b) Address Florissant Station R.1

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 15/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Diedrich F. Home
(b) Address 8319 Halls Ferry Rd.

19. (a) 9-14-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1948 hour 10 P.M. minute M.

21. I hereby certify that I attended the deceased from July 17, 1948, to Sept 11, 1948, that I last saw him alive on Sept 7, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Oclusion	6 min
Due to arterio sclerosis	8
Due to 9 6 a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) none
(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 H. F. Miller (M. D. or other)
Address 8410 N Broadway Date signed 9/13/48

(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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.