

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28594

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7326

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN 5905 Scanlan Ave. St. Louis 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5905 Scanlan		d. STREET ADDRESS (If rural, give location) 13- 5905 Scanlan Ave. 11	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Suder			4. DATE OF DEATH (Month) (Day) (Year) 8/21/49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 15, 1869		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) France 4	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Anton Grundan		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur M. Flint--5905 Scanlon	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chr. Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Generalized Arteriosclerosis</i>		20 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221	

22. I hereby certify that I attended the deceased from 26 July, 1949, to 17 Aug, 1949, that I last saw the deceased alive on 17 Aug, 1949, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Richard H. Kay, M.D.		(Degree or title)		23b. ADDRESS 1530 Smith St	
23c. DATE SIGNED 23 Aug 49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/25/49		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.					

DATE REC'D BY LOCAL REG. AUG 23 1949		REGISTRAR'S SIGNATURE J. B. Kasater		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Walderte	
				ADDRESS 3634 Gravois	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Delia J. Krupin

Licensed Embalmer No. ~~35~~ 3497

P. O. Address 3634 Graves

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.