

FILED OCT 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 30703

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>303</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Independence, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Levasy</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>XXX</u>			
3. NAME OF DECEASED (Type or Print) <u>Catherine Louise Sudbrock</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1949</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Sept. 10, 1862</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>19</u> Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXX</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Schiermeier</u>			13b. MOTHER'S MAIDEN NAME <u>Telthorst</u>			14. NAME OF HUSBAND OR WIFE <u>Henry Sudbrock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>XXX</u>		16. SOCIAL SECURITY NO. <u>XXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Sudbrock, Independence, Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> <u>Empyema Pleurae</u> ANTECEDENT CAUSES <u>fractured hip left</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. <u>arteriosclerosis - Senile</u> <u>dementia - Coronary Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6:40:40</u>	
19a. DATE OF OPERATION <u>9/22/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Trans trochanteric fracture of left hip - Stenosis of Piriform &amp; Phrenic Nerves</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Levasy Jackson Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 16 49</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Patient fell</u> <u>48</u>			
22. I hereby certify that I attended the deceased from <u>Sept. 16 19 49</u> , <u>Sept. 29 49</u> , that I last saw the deceased alive on <u>Sept. 28</u> , 19 <u>49</u> , and that death occurred at <u>2:00</u> m.; from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Allen</u> (Degree or title)				23b. ADDRESS <u>First National Bank, Independence, Mo.</u>		23c. DATE SIGNED <u>9-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept. 30, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 2, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vernon M. Koppert - Buchner</u>			

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

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4-2

60-1-3-49  
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph O Jones  
Licensed Embalmer No. 4604

P. O. Address Buckner, 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.