

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34814**

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

| | | | | | | | |
|---|---|--|--|--|---|--|----------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 310 | | PRIMARY REG. DIST. NO. 3058 | | Registrar's No. 178 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY St. Charles | | b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Charles) | | a. STATE Missouri | | b. COUNTY St. Charles | |
| c. LENGTH OF STAY (In this place) 12 days | | c. CITY (If outside corporate limits, write RURAL and give township) "Rural" St. Charles Twsp | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | | | d. STREET ADDRESS (If rural, give location) R.R. 3 | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | | |
| a. (First) Henry | b. (Middle) W. | c. (Last) Sundermeier | Month September | Day 30 | Year 1949 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 16 1861 | 9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Farmer retired | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) St. Charles County, Mo | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13a. FATHER'S NAME Charles Sundermeier | | 13b. MOTHER'S MAIDEN NAME Johanna Schroeder | | 14. NAME OF HUSBAND OR WIFE dec'd Louisa (Jaspering) 12/17/21 | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. NIL | 17. INFORMANT'S SIGNATURE OR NAME Edwin Sundermeier-St. Charles, Mo. R3 | | | | |
| 18. CAUSE OF DEATH | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage | | | | | 10 hrs | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES | | | | | | |
| | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: arteriosclerosis - cerebral | | | | | 10 yrs? | |
| | DUE TO (b) hypertension | | | | | 23 yrs | |
| | DUE TO (c) generalized arteriosclerosis | | | | | 10 yrs? | |
| II. OTHER SIGNIFICANT CONDITIONS | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? | |
| | | | | | | YES <input checked="" 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, etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) | | 21d. STATE | |
| | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| | | | | | | | |
| 22. I hereby certify that I attended the deceased from July 19th , to Sept 30 , 19 49 , that I last saw the deceased alive on July 30 , 19 49 , and that death occurred at 5:15 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE George S. Koster | | | 23b. ADDRESS St. Charles, Mo. | | | 23c. DATE SIGNED 10-8-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct 3-1949 | 24c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran | | 24d. LOCATION (City, town, or county) (State) Orchard Farm (St. Charles) Mo. | | | |
| DATE REC'D BY LOCAL REG. 10-10-49 | REGISTRAR'S SIGNATURE Fannie | 25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer & Sons Co | ADDRESS 800 N. 2nd - St. Charles, Mo. | | | | |

RECEIVED OCT 17 1949
District Health Officer No. 9,
District File Number

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 Herbert C Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.