

FILED FEB 18 1950

STANDARD CERTIFICATE OF DEATH

4451  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Mo</u>	
c. LENGTH OF STAY (in this place) <u>50</u>		d. STREET ADDRESS (If rural, give location) <u>611 S. Edgew.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington, Mo.</u>			

3. NAME OF DECEASED a. (First) <u>Alois</u> b. (Middle) <u>Sullenstrup</u> c. (Last) <u>Sullenstrup</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-7-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 31 - 1890</u>
9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>	IF UNDER 24 Hrs. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brewery</u>	11. BIRTHPLACE (State or foreign country) <u>Washington, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry J. Sullenstrup</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Harding</u>	14. NAME OF HUSBAND OR WIFE <u>Theresa Sullenstrup</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>W.W.#1-494-092434</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theresa Sullenstrup</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coridic Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4201</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary Insufficiency</u> DUE TO (c) <u>Coronary Occlusion</u>		
	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 type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to Feb 1, 1950, that I last saw the deceased alive on 2/11/50, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>Washington, Mo</u>	23c. DATE SIGNED <u>2-7-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/10/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Borgia</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 10, 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	99	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Neiburg &amp; Wittmer Washington Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 15 1950

RECEIVED FEB 12 1950

District Health Officer  
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 Jerome F. Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.