

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33942

503

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

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 0595 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIMMSWICK Mo.</u>		c. LENGTH OF STAY (in this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East. St. Louis</u>		8170	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>702 a North 28</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gene</u> b. (Middle) <u>Suchman</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16 1950</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>June 2 1915</u>
9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>14</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Repair Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Repair</u>	11. BIRTHPLACE (State or foreign country) <u>Ava Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Frank M Suchman</u>	
13b. MOTHER'S MAIDEN NAME <u>Minnie Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Helen E. Suchman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W. W. 2</u>		16. SOCIAL SECURITY NO. <u>W. W. 2</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Helen E. Suchman</u>		ADDRESS <u>East St. Louis Ill.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNING</u> ANTECEDENT CAUSES (VERDICT OF JURY) "THE DECEASED DUE TO (b) <u>CAME TO HIS DEATH</u> DUE TO (c) <u>BY DROWNING CASE OF UNKNOWN CAUSE.</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 checked="" type="checkbox"/>		<u>050</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>OPEN VERDICT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>MISSISSIPPI RIVER</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>KIMMSWICK JEFFERSON Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 16 1950</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>DROWNING IN MISSISSIPPI RIVER</u>	
22. I hereby certify that I attended the deceased from <u>7 AUGUST, 19</u> , to <u>OCT 14, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Daniel J. Mahan</u> (Degree or title) <u>Coroner Ill.</u>		23b. ADDRESS <u>Be So So Mo.</u>	
23c. DATE SIGNED <u>10/16/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 25 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Ill.</u>
DATE REC'D BY LOCAL REG. <u>Oct-27-50</u>	REGISTRAR'S SIGNATURE <u>Mrs Ruth Jissa</u> 438	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kurrus Fun. Home</u> ADDRESS <u>East. St. Louis Ill.</u>	

(Licensed Embalmer's Statement on Reverse Side)

REC 19 1961

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 10-31-50.

SEP 11 1961

LOCAL ST. AGENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{NOT} was embalmed by ~~me~~ or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed E. J. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 3571

P. O. Address.....

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.