No. 300
10-48

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

FILED OCT 26 1950

# STANDARD CERTIFICATE OF DEATH

State File No. 35812

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2345

**1. PLACE OF DEATH**
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MANCHESTER
c. LENGTH OF STAY (in this place): 7 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MANCHESTER NURSING HOME

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 21 6 9
d. STREET ADDRESS (If rural, give location): 16 3731a DUNNICA

**3. NAME OF DECEASED** (Type or Print)
a. (First): JOHN
b. (Middle): —
c. (Last): SUISANKA

**4. DATE OF DEATH** (Month) (Day) (Year): SEPT. 30 1950

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED 2
**8. DATE OF BIRTH**: JUNE 24 1872
**9. AGE** (In years last birthday): 78 — 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): RET.
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): MISSOURI 0
**12. CITIZEN OF WHAT COUNTRY?**:

**13a. FATHER'S NAME**: JOSEPH SUSANKA
**13b. MOTHER'S MAIDEN NAME**: CATHERINE THICKVART
**14. NAME OF HUSBAND OR WIFE**: EMMA SUSANKA (DECEASED)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown):
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: UNK
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: MABEL WALPOLE 3731a DUNNICA

**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) Undetermined Abdominal Tumor — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chr. Myocarditis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* 4222

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 4222
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* Feb 1948, *to* 10-1-, 1950, *that I last saw the deceased alive on* Sept 30, 1950, *and that death occurred at* 12 m.; *from the causes and on the date stated above.*

**23a. SIGNATURE**: C O Denny (Degree or title): MD
**23b. ADDRESS**: Creve Coeur, Mo.
**23c. DATE SIGNED**: 10-2-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: OCT. 3, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: ST. PAUL CHURCHYARD
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS Mo

**DATE REC'D BY LOCAL REG.**: 10-2-50
**REGISTRAR'S SIGNATURE**: H R Donke MD
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Thomas Kutis 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

1 mile west of Ballas on Olive St. Rd. on North side

## 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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Homer C Dill

Signed _____
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

**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.