

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28766

State File No. _____

7915

Registrar's No. _____

No. 300
10. 48

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____		Registrar's No. <u>7915</u>							
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (If in this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2159</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>				10. STREET ADDRESS (If rural, give location) <u>4406 Pennsylvania</u> <u>0</u>											
3. NAME OF DECEASED (Type or Print) <u>EMMA</u>			a. (First)			b. (Middle)			c. (Last) <u>SUKNOVITZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>			8. DATE OF BIRTH <u>June 14, 1890</u>			9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>		IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>285-22</u>				11. BIRTHPLACE (State or foreign country) <u>Germany</u> <u>4</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Eberhard Ulrich</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY (If yes, give war or date of service) <u>285-22-6687</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Eberhard Ulrich</u>				ADDRESS <u>6302 Louisiana, St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Carcinoma of the Liver</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input 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 bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>156A</u>											
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1950</u> , to <u>Sept. 4, 1951</u> , that I last saw the deceased alive on <u>Sept. 4, 1951</u> , and that death occurred at <u>9 P.M.</u> m., from the causes and on the date stated above.															
23a. SIGNATURE <u>A. H. Peters</u>				(Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4145 a South Grand Blvd.</u>				23c. DATE SIGNED <u>9/5/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 9, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Green Park & Lemay Ferry Roads</u>							
DATE REC'D BY LOCAL REG. <u>SEP 5 1951</u>		REGISTRAR'S SIGNATURE <u>E. Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>				ADDRESS <u>U. & L. Co. 7814 S. Broadway, St. Louis, Mo.</u>					

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

(Licensed Embalmer's Statement on Reverse Side)

2-4 pm
No 7733

Emb separate Cert filed

SEP 5 1951

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.