

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33473

State File No. _____
Registrar's No. 8768

FILED OCT 1 1952

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1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

| | | | | | |
|--|----------------------------------|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | 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 township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) <u>67 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> | | <u>2129</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>4908 Washington Blvd.</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> | | b. (Middle) <u>MARY</u> | c. (Last) <u>SUEDMEYER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18, 1952</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Mar. 15, 1885</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Dress Making</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>William Braun</u> | | 13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Bollman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henry August Suedmeyer</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>497-03-4660</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Suedmeyer, 4908 Washington Blvd.</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>Myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Occlusion of a coronary artery</u> <u>36 hours</u> DUE TO (c) <u>Hypertensive cardio-vascular disease</u> <u>many years.</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"/> |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4201</u> | |
| 22. I hereby certify that I attended the deceased from <u>Sept 15, 1952</u> , to <u>Sept 18, 1952</u> , that I last saw the deceased alive on <u>Sept 17, 1952</u> , and that death occurred at <u>12:10A m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>James B. Jones</u> (Degree or title) <u>MD</u> | | | 23b. ADDRESS <u>337 W. Lockwood Webster Groves 19 Mo.</u> | | 23c. DATE SIGNED <u>Sept 18, 1952</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Sept. 20, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>SEP 19 1952</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F. H. Inc., 1936 St. Louis Ave.</u> | |

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

Mrs. Suedmeyer

By James Jones
337 W. Parkwood -
2:30 - 4:30 P.M.

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 Max L. Wayfel

Licensed Embalmer No. 4170

P. O. Address St Louis, 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.