U.S. No. 300
Rev. 10-48

FILED DEC 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40768

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10536

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (In this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MISSOURI BAPTIST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OVERLAND 424 X
d. STREET ADDRESS (If rural, give location): 2358 HUNTINGTON 1

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT. b. (Middle) LORENZ c. (Last) SUCHER

4. DATE OF DEATH: (Month) NOV (Day) 15 (Year) 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: OCT 29 1884
9. AGE (In years last birthday): 68 | 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): SHOE REPAIRMAN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): ST GENEVIEVE MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CHARLES SUCHER
13b. MOTHER'S MAIDEN NAME: ANNA BAUMANN
14. NAME OF HUSBAND OR WIFE: FRANCES SUCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 487-38-1824
17. INFORMANT'S SIGNATURE OR NAME: FRANCES SUCHER ADDRESS: 2358 HUNTINGTON OVERLAND MO

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) Coronary Infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 4 years
DUE TO (c) Arteriosclerosis — year

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 ☐ 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?: —

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22. *I hereby certify that I attended the deceased from* Nov. 13, 1952, *to* Nov. 15, 1952, *that I last saw the deceased alive on* Nov. 15, 1952, *and that death occurred at* 11 27 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy A. Woerther Sr. (Degree or title): M.D.
23b. ADDRESS: Overland 14 Mo
23c. DATE SIGNED: 11-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11-18-52
24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION
24d. LOCATION (City, town, or county) (State): ST LOUIS MISSOURI

DATE REC'D BY LOCAL REG. NOV 17 1952
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. G.P.
25. FUNERAL DIRECTOR'S SIGNATURE: EARL HILLEMAN ADDRESS: OVERLAND MISSOURI
(Licensed Embalmer's Statement on Reverse Side)

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

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 Earl A. Hilleman

Licensed Embalmer No. 501

P. O. Address Ireland

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.