

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. County **2737**
State File No.
Registrar's No. **41**

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3088**

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY OR TOWN St. Charles	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN St. Charles	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 115 No. Benton St.			
e. STREET ADDRESS 115 No. Benton St.		8923	

3. NAME OF DECEASED a. (First) HERMAN b. (Middle) _____ c. (Last) SUELTHAUS			4. DATE OF DEATH February 1, 1953 (Month) (Day) (Year)		
--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 3, 1855	9. AGE (in years last birthday) 97	IF UNDER 1 YEAR Months 11 Days 28	IF UNDER 18 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State of Foreign Country) St. Charles County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--	--	--

13a. FATHER'S NAME Gerhardt Suelthaus	13b. MOTHER'S MAIDEN NAME Plackemeyer	14. NAME OF HUSBAND OR WIFE Anna Rahmcoeller Suelthaus		
--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alvin Hackmann, St. Charles, Mo.			ADDRESS _____
---	-------------------------------------	--	--	--	---------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Such as arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 20 years	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza 4500			2 days	

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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from **July 9, 1948** to **Feb 1, 1953**, that I last saw the deceased **live** on **Feb 1, 1953**, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Alvin J. Canty, Jr. (Degree or title)	23b. ADDRESS Dr. Charles Mo	23c. DATE SIGNED Feb 3 1953
---	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE February 4, 1953	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
---	-----------------------------------	--	--	--

DATE REC'D BY LOCAL REG. Feb 3 1953	REGISTRAR'S SIGNATURE Name Hanel	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hackmann-Bane St. Charles, Mo.		
--	---	--	--	--

SEP 15 1959

MAY 6 1959

MAY 27 1959

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.....
Signature of Student Embalmer

Signed *Clarence M. Bills*

Licensed Embalmer No. 4278

P. O. Address *St Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.