

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5416

State File No. _____

W. L. ...
FILED MAR 5 - 1953

370

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5443</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Roark Twp</u>		c. LENGTH OF STAY (in this place) <u>89 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Roark Twp</u>		0370	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 mi. East of Hermann</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. East of Hermann</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODORE</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>SUEDMEYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 9-1863</u>		9. AGE (In years last birthday) <u>89</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 RES. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hermann Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Christian Suedmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Frillmann</u>		14. NAME OF HUSBAND OR WIFE <u>Wilhelmina Baries</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hilbert Humburg, Hermann, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis 30yrs.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple valvular lesions</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 min.</u> <u>334X</u> <u>Unknown</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) (Min.)		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 <u>Dec. 19 48</u> to <u>Jan. 31, 19 53</u> that I last saw the deceased alive on <u>Jan 20, 19 53</u> , and that death occurred at <u>5:13Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. L. ...</i>				23b. ADDRESS <u>315 Schiller, Hermann, Mo</u>		23c. DATE SIGNED <u>2/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Suedmeyer Family Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>RED Hermann, Mo</u>		
DATE REC'D BY LOCAL REG. <u>2/7/1953</u>		REGISTRAR'S SIGNATURE <i>Sanctus Wallace</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>August D... Hermann, Mo</i>			

(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 _____

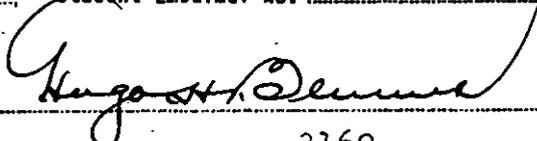
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____



Licensed Embalmer No. 3160

P. O. Address Hermann, 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.