No. 300
10-48

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

FILED MAY 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16272

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3916

1. PLACE OF DEATH
a. COUNTY: ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5201 Enright Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2129
d. STREET ADDRESS (If rural, give location): 5201 Enright Avenue 0

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Suter

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 10, 1869
9. AGE (In years last birthday): 84
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Centerpoint, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Carrie Brown
14. NAME OF HUSBAND OR WIFE:

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Dr. Lyle Suter
ADDRESS: 4207aW. Finney Ave.

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) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterial Hypertension — ?

DUE TO (c)

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: None
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?: 334X

22. *I hereby certify that I attended the deceased from* 3/13, 1953, *to* 4/13, 1953, *that I last saw the deceased alive on* 4/13, 1953, *and that death occurred at* 4:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Otto E. Schwinn
23b. ADDRESS: 4324 A Easton
23c. DATE SIGNED: 4/15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-16-53
24c. NAME OF CEMETERY OR CREMATORY: Fairmount Cemetery
24d. LOCATION (City, town, or county) (State): Marshall Town, Iowa

DATE REC'D BY LOCAL REG.: APR 15 1953
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
M.S.B.
25. FUNERAL DIRECTOR'S SIGNATURE: Metropolitan Funeral System, Inc.
(Licensed Embalmer's Statement on Reverse Side)
ADDRESS: 5010 Enright Ave.

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 Paul A. Freeman

Licensed Embalmer No. 4686

P. O. Address 4585 Aldine

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.