

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7407**
Registrar's No. **467**

XC-2 915 345
Reg. 116,827
FILED MAR 2 1954

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PHELPS	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) ST. JAMES	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print) HARRY SUESS		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 2-19-54	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 5-7-1887		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher		10b. KIND OF BUSINESS OR INDUSTRY CEMENT		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME JOHN SUESS		13b. MOTHER'S MAIDEN NAME ANNA SIX		14. NAME OF HUSBAND OR WIFE THERESSA SUESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS. MO.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMOPERICARDIUM		INTERVAL BETWEEN ONSET AND DEATH UNK	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) RUPTURED MYOCARDIUM, MYOCARDIAL INFARCTION			
		DUE TO (c) CORONARY THROMBOSIS			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		PULMONARY EMBOLUS			

19a. DATE OF OPERATION 2-12-54		19b. MAJOR FINDINGS OF OPERATION A.K. Amputation for Arteriosclerotic Gangrene		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 4201	
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 **2-11-54**, 19___, to **2-19-54**, 19___, and that death occurred at **7:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE James F. McFadden, Jr. (Degree or title) James F. McFadden, Jr. M.D.		23b. ADDRESS VAH JEFF. BRKS. MO.		23c. DATE SIGNED 2-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 23, 1954		24c. NAME OF CEMETERY OR CREMATORY National Cem.,	
				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	

DATE REC'D BY LOCAL REG. 2-20-54		REGISTRAR'S SIGNATURE Nesbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Alfred J. Brodeur

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.

Signed.....
Student Embalmer

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.