

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14567**  
Registrar's No. **927**

BIRTH NO.		REG. DIST. NO. <b>317</b>	PRIMARY REG. DIST. NO. <b>100</b>	Registrar's No. <b>927</b>
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Lemay 23</b>		c. LENGTH OF STAY (in this place) <b>2 MOB.</b>	c. CITY OR TOWN <b>Lemay 23</b>	d. 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 <b>412 Lemay Ferry Rd.</b>		e. STREET ADDRESS (If rural, give location) <b>412 Lemay Ferry Rd.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>		b. (Middle) <b>J</b>	c. (Last) <b>SUCHLA</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 18, 1954</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 2, 1954</b>	9. AGE (In years last birthday) <b>37</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto Body Work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Unemployed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>North Dakota</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Thomas Suchla</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Smaja</b>	14. NAME OF HUSBAND OR WIFE <b>Joyce Suchla</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>502-05-3150</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joyce Suchla 412 Lemay Ferry Rd.</b>		
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.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Self-inflicted strangulation by ligature</b> <b>suffered in his home at 412 Lemay Ferry Road</b> <b>Deceased was found hanging by a rope</b> <b>tied to an overhead water pipe in a bathroom</b> <b>in their basement apartment by his wife</b> DUE TO (b) <b>at 11:25 P.M. April 18th, 1954.</b> DUE TO (c) <b>Body re-</b> <b>moved to St. Louis County Hospital by</b> <b>BECK AMBULANCE for examination.</b>			INTERVAL BETWEEN DEATH AND SIGNATURE <b>974x</b>
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) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lemay St. Louis Missouri</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Apr. 18, 1954 11:25 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Self-inflicted strangulation by ligature.</b>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Emad J. Willman</b>		(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Clayton, Missouri</b>	23c. DATE SIGNED <b>4-22-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/21/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barrecks Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4/20/54</b>	REGISTRAR'S SIGNATURE <b>Robert R. Sombert</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FENDLER Und. Co. 7420 Michigan</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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.....  
Signature of Student Embalmer

Signed *W. J. Peterson*.....

Licensed Embalmer No. 37

P. O. Address 74207

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**