

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31541

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. 6450 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>St Charles</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Wentzville Town</u> c. LENGTH OF STAY (in this place) <u>2 1/2 yr</u> d. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u> <u>6920</u> d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>H</u> c. (Last) <u>Sudbrock</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 4 1871</u>
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>6</u>	11. DAILY HOURS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Worked in Bank</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Melle Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm. Sudbrock</u>	
13b. MOTHER'S MAIDEN NAME <u>Katherine Klausmeier</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia Harbicht</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lydia Sudbrock</u>		ADDRESS <u>Wentzville Mo</u>	
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) <u>Coronary Thrombosis</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input 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)			
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 <u>9/11 1954</u> , to <u>9/11 1954</u> , that I last saw the deceased alive on <u>9/11 1954</u> , and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H.C. Mc Murray M.D.</u>		23b. ADDRESS <u>Wentzville, Mo.</u>	
23c. DATE SIGNED <u>9/13/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-14-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>South Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 4 1957</u>		REGISTRAR'S SIGNATURE <u>Martha J. Kelly 408</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>TE Pitman</u>		ADDRESS <u>Funeral Home</u>	
(Licensee/ Embalmer's Statement on Reverse Side) <u>Wentzville Mo</u>			

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

0920

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 _____

Carlton J. Pitman

Student Embalmer No. 497

working under my personal supervision.

Student *Carlton J. Pitman*
Student Embalmer

Signed *Lucretia M. Pitman*

Licensed Embalmer No. 3055

P. O. Address *Shelbyville 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.