

FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9247

BIRTH NO.		REG. DIST. NO. 305	PRIMARY REG. DIST. NO. 6046	Registrar's No. 2
1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Callaway		c. LENGTH OF STAY (If applicable place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Rural Callaway 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mi. South of Wentzville		d. STREET ADDRESS (If rural, give location) Mi. South of Wentzville		
3. NAME OF DECEASED a. (First) Nettie		b. (Middle) Elisabeth	c. (Last) Sudbrock	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 17 1955		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married		8. DATE OF BIRTH May 11 1895		9. AGE (In years) Last birthday 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wentzville Mo. R.R. 1
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Jaeger		13b. MOTHER'S MAIDEN NAME Julia Kruse
14. NAME OF HUSBAND OR WIFE Wm. E. Sudbrock		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME John W. Sudbrock		ADDRESS Wentzville R.R. Mo.		
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) Chronic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 wks.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Lymphatic edema		6 years
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		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)		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 June 1950, to Feb. 1955, that I last saw the deceased alive on Feb. 10, 1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.				
23a. SIGNATURE H. C. Mc Murray		23b. ADDRESS (Degree or title) Wentzville Mo		23c. DATE SIGNED 2/18/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 20 1955		24c. NAME OF CEMETERY OR CREMATORY Linn Cemetery
24d. LOCATION (City, town, or county) Wentzville		24e. (State) Mo.		
DATE REC'D BY LOCAL REG. 2/26/55		REGISTRAR'S SIGNATURE Mark F. Puff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jarlton J. Pitman Wentzville Mo.

(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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentville Ma.

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.