

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28592

BIRTH NO.		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 500		Registrar's No. 1947			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy, (20)		c. LENGTH OF STAY (in this place) 4 yrs, 10 mo.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mother of Good Council Home				STREET ADDRESS (If rural, give location) 3934 N. 20th Street					
3. NAME OF DECEASED (Type or Print) KATHERINE SUEDEMEYER			a. (First)			b. (Middle)			
4. DATE OF DEATH Aug. 20, 1955			(Month) (Day) (Year)						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 8, 1877			
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		Hour Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY AT HOME			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO.			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Jacob Kern			13b. MOTHER'S MAIDEN NAME Mary Zimmerman			
14. NAME OF HUSBAND OR WIFE WM. Suedmeyer			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. None			
17. INFORMANT'S SIGNATURE OR NAME WM. Suedmeyer			ADDRESS 3934 N. 20th Street						
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 Anoxia				INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				DUE TO (c) Diabetes Mellitus				8 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sanguine Toe.								5 mos.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 260X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none					
22. I hereby certify that I attended the deceased from June , 1954, to Aug 20, 1955 , that I last saw the deceased alive on Aug 20, 1955 , and that death occurred at 4 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. Staehle M.D.				23b. ADDRESS 7124 Natural Bridge		23c. DATE SIGNED 8-22-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-23-55		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis MO			
DATE REC'D BY LOCAL REG. 8/22/55		REGISTRAR'S SIGNATURE Herbert B. Romke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE SUEDEMEYER & SON'S		ADDRESS 3934 N. 20th Street			

(Licensed Embalmer 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.....
Signature of Student Embalmer

Signed *Melvin L. Kempe*

Licensed Embalmer No. *4037*

P. O. Address *3505 Oak*

By Louis J. Mc

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.