

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32605**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **2136**

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) <b>JENNINGS,</b>	c. LENGTH OF STAY (In this place or township) <b>1 month</b>	c. CITY OR TOWN <b>JENNINGS,</b>	d. Is 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>HALLS FERRY MEMORIAL HOME</b>		e. STREET ADDRESS (If rural, give location) <b>2115 KAPPEL</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b>	b. (Middle) <b>W.</b>	c. (Last) <b>SUDHOLT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT, 8, 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9/26/1889</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED AUTO SALESMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Selling</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HENRY SUDHOLT</b>	13b. MOTHER'S MAIDEN NAME <b>MARY TOPHORN</b>	14. NAME OF HUSBAND OR WIFE <b>MARY CECELIA SUDHOLT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b># 493-07-6569</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MARY CECELIS SUDHOLT</b>	ADDRESS <b>7407 HOOVER</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hepatitis, Nephritis</b>		
19. DATE OF OPERATION <b>May 1956</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fractured left femur</b>	

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-18-54** to **9-8-56**, that I last saw the deceased alive on **9-7-56**, and that death occurred at **3 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. J. Houch</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>8702 Revere Blvd</b>	23c. DATE SIGNED <b>9-10-56</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>9/11/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>9-10-56</b>	REGISTRAR'S SIGNATURE <b>Herbert B. Domb</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STROOT - CARROLL</b>	ADDRESS <b>4600 NATURAL BRIDGE AVE</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*D. Honick*  
*1 to 4 Mon*  
*85-1-2989-*  
*8902 River view*

**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 *M. W. Rueter*.....

Licensed Embalmer No. *4865*.....

P. O. Address *St. Louis,*.....

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.