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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40238**

BIRTH NO. **FILED DEC 10 1956** REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **2666**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY [REDACTED]	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO		c. LENGTH OF STAY (in this place) 1202		c. CITY OR TOWN ST. LOUIS, MO	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS (If rural, give location) 4132a N. 11th Street					
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) (NMI) c. (Last) SUDBECK			4. DATE OF DEATH (Month) (Day) (Year) NOV. 8, 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 8, 1900		9. AGE (In years last birthday) 56		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 HR. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN			
13a. FATHER'S NAME JOSEPH C. SUDBECK		13b. MOTHER'S MAIDEN NAME CAROLINE J. SMITH		14. NAME OF HUSBAND OR WIFE ANN SUDBECK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 487-22-7394		17. INFORMANT'S SIGNATURE OR NAME VAH RECORDS, JEFF. BKS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE BRONCHOPNEUMONIA, ALL LOBES			INTERVAL BETWEEN ONSET AND DEATH Unknown
		ANTECEDENT CAUSES DUE TO (b) CEREBRAL ARTERIOSCLEROSIS			9 years
		DUE TO (c) GENERALIZED ARTERIOSCLEROSIS			18
		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 checked="" 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 7-24-53 , 19___, to 11-8-56 , 19___, and that death occurred at 8:40A m., from the causes and on the date stated above.					
23a. SIGNATURE OF REGISTRAR (Typed or Printed Name) W. Westphaelgen				23b. ADDRESS VA HOSP. ST. LOUIS, MO.	
23c. DATE SIGNED 11-8-56					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/13/56		24c. NAME OF CEMETERY OR CREMATORY National Cem.	
24d. LOCATION (City, town, or county) (State) Jefferson Bks., Mo					
DATE REC'D BY LOCAL REG. 11-9-56		REGISTRAR'S SIGNATURE Robert B. Donohedy		25. FUNERAL DIRECTOR'S SIGNATURE Edward Fendler Mortuary ADDRESS 5611 S Grand.	

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 *Harry J. Schuman*.....

Licensed Embalmer No. *26*.....

P. O. Address *6641 S. Grand*.....

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.