

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3667

STATE FILE NUMBER

FILED FEB 6 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1131

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL		Length of stay in lb 1 mo. 4 days	d. STREET ADDRESS (If outside, give location) 5949 Lotus		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last PETER HENRY SUCHER			4. DATE OF DEATH Month Day Year JANUARY 29, 1958		
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 4, 1882	9. AGE (In years last birthday) 75	10. F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice & Coal		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) St. Mary's Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Sucher		13b. MOTHER'S MAIDEN NAME Barbara Dallas		14. NAME OF HUSBAND OR WIFE Mathilda Hertling	
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. 489-14-5026	17. INFORMANT Address Helen Buchheit 6235 Lenox Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EPIDERMOID CARCINOMA, METASTATIC TO INFRA-AURICULAR AREA, RIGHT EAR, PRIMARY SITE UNKNOWN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 191.2					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 YEARS
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from DEC. 25, 1957 to JAN. 29, 1958 and last saw her/him alive on JAN. 29, 1958 Death occurred at 9:06 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. E. Vermillion, M.D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 1/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 31, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul		23d. LOCATION (City, town, or county) St. Louis	(State) Mo.
24. FUNERAL DIRECTOR P. Kelly 7267 Natural Bridge		ADDRESS	25. DATE RECD. BY LOCAL REG. JAN 30 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *James R. Lamm*

Licensed Embalmer No. *4142*
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.