FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-008106
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 663

1. PLACE OF DEATH a. COUNTY ST. LOUIS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) CLAYTON — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN LEMAY 4870 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS CO. HOSP. — Length of stay in 1b 9 days	d. STREET ADDRESS (If outside, give location) 365 HOFFMEISTER — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Minnie Suetterlin		4. DATE OF DEATH Month Day Year: 3 4 1958	
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: DEC. 11, 1877
9. AGE (In years last birthday): 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME	10b. KIND OF BUSINESS OR INDUSTRY: housewife	11. BIRTHPLACE (City and state or country): CHESTER, ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: LUDWIG HENKE	13b. MOTHER'S MAIDEN NAME: PAULINE LEHMAN	14. NAME OF HUSBAND OR WIFE: WILLIAM	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT Address: FRED SUETTERLIN 5322 VINE	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Broncho-cutaneous Fistula

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2-24-1958, to 3-4-1958 and last saw her/him alive on 3-4-1958

Death occurred at 120 p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard H. Lucy M.D.	22b. ADDRESS: 601 S. BRENTWOOD BLVD.	22c. DATE SIGNED: 3-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	23b. DATE: 3-7-58	23c. NAME OF CEMETERY OR CREMATORY: ST. TRINITY CEM.
23d. LOCATION (City, town, or county) (State): ST. LOUIS CO., MO.		
24. FUNERAL DIRECTOR ADDRESS: J L ZIEGENHEIN + SONS 7027 GRAVOIS	25. DATE RECD. BY LOCAL REG.: 3-6-58	26. REGISTRAR'S SIGNATURE: Herbert B. Donkel M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Donald E Berg

Licensed Embalmer No. 4863

P. O. Address 7027 Gran

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.