. Health,
& Welfare
Public
Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003899
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 23

FILED JAN 12 1959

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webster Groves — Inside Limits: Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 355 Calvert — Length of Stay in Hospital: At home

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves 4617 — Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): 355 Calvert — Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First: KATHRYN Middle: Last: SUNDHAUSEN

4. DATE OF DEATH Month Day Year: Jan. 2, 1959

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED NEVER MARRIED WIDOWED X DIVORCED

8. DATE OF BIRTH: Dec. 18, 1880

9. AGE (In years last birthday): 78 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (City and state or country): Temesvar, Hungary

12. CITIZEN OF WHAT COUNTRY?: Hungary

13a. FATHER'S NAME: Anton Baum

13b. MOTHER'S MAIDEN NAME: Anna Wetzel

14. NAME OF HUSBAND OR WIFE: Adolph Sundhausen

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: Emil Sundhausen, 45 Moody Ave.

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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio-Vascular Disease — 6 Months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221

19. WAS AUTOPSY PERFORMED? YES NO X

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 4-8-48, to 1-2-59 and last saw her/him alive on 12-31-58
Death occurred at 4:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur W Westrup M.D.

22b. ADDRESS: 204 E. Big Bend

22c. DATE SIGNED: 1-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-5-59

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State): Kirkwood, Mo.

24. FUNERAL DIRECTOR ADDRESS: Parker-Aldrich Webster Groves

25. DATE RECD. BY LOCAL REG.: 1-3-59

26. REGISTRAR'S SIGNATURE: Herbert K. Klonk, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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.