RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEC 23 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11929

-60-047974
STATE FILE NUMBER

1/12/61
1/13/61

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Chronic Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3010 Washington
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: FRED; Middle: ; Last: SUDA
4. DATE OF DEATH: Month: Dec.; Day: 11; Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 6-30-1886
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months: ; Days:
IF UNDER 24 HR: Hours: ; Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook (Retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frank L. Suda
13b. MOTHER'S MAIDEN NAME: ~~Nora Noonan~~ Jane Steward Perin
14. NAME OF HUSBAND OR WIFE: Anna Suda
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No ~~Yes~~ (If yes, give war or dates of service): ~~World War 1~~ No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Margaret M. Suda
Address: 4368 Chouteau 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) Fracture of left Femur;
DUE TO (b) Generalized Atherosclerosis;
DUE TO (c) Suffered in fall at Chronic Hospital on 11-7-60 Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 904.7-45
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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.): See above
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 11-7-60
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.): 13 Hospital
20f. CITY, TOWN, OR LOCATION: St Louis, Mo COUNTY STATE
21. I attended the deceased from to and last saw her/him alive on
Death occurred at 8:53 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Patrick E. Taylor (Degree or title): Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 12-12-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Dec. 14, 1960
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.
24. FUNERAL DIRECTOR: Kriegshauser
ADDRESS: 4228 S. Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG.: DEC 12 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

12 15 NO No. BY AFFIDAVIT OF funeral director DOCUMENT World War 1 YES

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4533

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.