

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1765

-62-008813

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

VS 300 Rev. 4/59

1
2 20
3
4 0
5 1
6
7 0
8 2
9
10
11
12 92-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED FEB 23 1962

1. **PLACE OF DEATH**
a. COUNTY _____

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **D O A**

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **7522 Virginia ave.** Reside on Farm Yes No

3. **NAME OF DECEASED** First Middle Last 4. **DATE OF DEATH** Month Day Year
Ernest O. Suhm **February 9 1962**

5. **SEX** **Male** 6. **COLOR OR RACE** **White** 7. **Married** **Never Married**
Widowed **Divorced** 8. **DATE OF BIRTH** **8-25-1884** 9. **AGE** (last birthday) **77**

10a. **USUAL OCCUPATION** (Give kind of work done or profession, occupation, or service, even if retired) **Electrician retired** 10b. **KIND OF BUSINESS OR INDUSTRY** **Electrical** 11. **BIRTHPLACE** (City and state or country) **St. Louis, Mo.** 12. **CITIZEN OF WHAT COUNTRY** **U S A**

13a. **FATHER'S NAME** **Louis H. Suhm** 13b. **MOTHER'S MAIDEN NAME** **Methilda Nomm** 14. **NAME OF HUSBAND OR WIFE** **Minnie**

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.** _____ 17. **INFORMANT** **Minnie Suhm** Address **7522 Virginia ave.**

18. **CAUSE OF DEATH** (Enter only one cause per line if more than one) **PART I. DEATH WAS CAUSED BY:**
IMMEDIATE CAUSE (a) **Carcinoma Bladder** INTERVAL BETWEEN ONSET AND DEATH _____
DUE TO (b) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) **181.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **arteriosclerotic Heart Disease** **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.) _____

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 **1952** to **Feb 9, 1962** and last saw him alive on **Feb 6, 1962**. Death occurred at **7:30 A.** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) **Mrs Krutstein MD** 22b. **ADDRESS** **St Louis Mo** 22c. **DATE SIGNED** **2/10/62**

23a. **BURIAL, CREMATION, REMOVAL** (Specify) **Cremation** 23b. **DATE** **2-13-1962** 23c. **NAME OF CEMETERY OR CREMATORY** **Missouri Crematory** 23d. **LOCATION** (City, town, or county) **3211 Sublette ave.** (State) _____

24. **HOSPITAL, DIRECTOR, ADDRESS** **C. Hoffmeister Mortuaries** **7814 S. Broadway** 25. **DATE RECD. BY LOCAL REG.** **FEB 13 1962** 26. **REGISTRAR'S SIGNATURE** **Carl Smith, M.D.**

Dr. Melvin 950 Francis Pl. PA 7-1452
KIRSTEIN

11.30 am
Kirstein 2-0-72

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 Lina C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.