NOV 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34031

1. PLACE OF DEATH
County: St. Louis
Township: Central
City: Creve Coeur (No. ..... St. ..... Ward)
Registration District No. 789
Primary Registration District No. 6038B
File No. .....
Registered No. 295

2. FULL NAME: Catharina Sudbrock
(a) Residence. No. ..... St., ... Ward. Wentzville, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. Sudbrock
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 24-1841
7. AGE: Years 88 | Months 9 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Invalid
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): "
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): "

14. INFORMANT: Pauline Kopadt
(Address): Creve Coeur - Mo.
15. FILED 10/18 1930 Rolla Bracy M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 17 - 1930
17. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1930, to Oct 17, 1930 that I last saw her alive on Oct. 16, 1930, and that death occurred, on the date stated above, at 8:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cerebral hemorrhage
I 3 1
I 3 A
I 3 A
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) chronic nephritis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R B Vennes, M. D
10-19, 1930 (Address) Creve Coeur Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Melle, Mo.
DATE OF BURIAL: 10/19 1930
20. UNDERTAKER: Baumann Bros.
ADDRESS: Overland, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.