AUG 30 1937

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

Do not use this space.

File No. 28384

Registered No. 295

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Koch (No. KOCH, HOSPITAL St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

2. FULL NAME Henry H. Sudbrock
(a) Residence, No. Koch Hosp. St., Ward.
(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? 73 yrs. ½ mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Sudbrock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1872

7. AGE: Years 65 | Months 1 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. orderly
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hospital
10. Date deceased last worked at this occupation (month and year) 7-24-37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lemburg, Germany

FATHER
13. NAME John Sudbrock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Minnie ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Chris Sudbrock
(ADDRESS) 3008 Eads Ave. St. Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOSTERBURG ILLS. DATE JULY 26 1937

19. UNDERTAKER PEETZ BROS.
(ADDRESS) 3029 LAFAYETTE AVE.

20. FILED July 24 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....19...., to ....19....
I last saw him alive on July 24, 1937 Death is said to have occurred on the date stated above, at 8:45a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, General	
Fibrosis of Myocardium	
Hypertrophy of Prostate	

Other contributory causes of importance:
Nephrosclerosis

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Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) H. O. Rothermich, M.D.
(Address) Koch Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PEETZ BROTHERS Undertaking Co.

Address 3029 LAFAYETTE BLVD.,

St. Louis, Mo.

EMBALMER'S CERTIFICATION

is is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the owing described cadaver:

l name HENRY H. SUDBROCK Race WHITE

ce and date of death KOCH HOSPITAL -- JULY 24, 1937

ysician (or Coroner) signing Certificate DR. MAHER

ce and date of Embalming KOCH HOSPITAL -- JULY 24, 1937

marks

ned J. A. Williamson Missouri License No. 3565