

SEP 14 1939 791

State File No. _____

Registration District No. **1008**

Primary Registration District No. _____

Registrar's No. **7303**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2626 So Compton ?
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community All his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 171
(d) Street No. 2626 So. Compton (If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME William Suess
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8th day 23rd
year 1939 hour 4 minute 30 A. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 25th 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 23, 1939, to Aug 23, 1939;
that I last saw him alive on Aug 21, 1939,
and that death occurred on the date and hour stated above,
Immediate cause of death Ch. myocarditis with decomposition
arrhythmia fibrillatory

8. AGE: Years Months Days If less than one day
79 6 27 hr. _____ min.

Duration 1 yr +
Due to _____
Due to _____
Other conditions Ch. hypertensive
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Dry goods merchant.

12. Name Jacob

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Friedericka Muff

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edwin S. Suss
(b) Address 2626 So Compton

17. (a) Burial (b) Date thereof 8/26/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director G. J. Ziegenher
(b) Address 708 7th Ave. St. Louis Mo.

19. (a) Aug 23 1939 (b) J. P. Radeck
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. Kirschman (M. D. or other)
Address 327 Melowilton Blg Date signed 8/23/39

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.

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

C. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

69379 Gravois

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 this body is not embalmed, above space should be left blank.