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No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40585

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10356

1. PLACE OF DEATH: 1

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos. 6 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 18

(d) Street No. 906 So Vandeventer (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mike Sudjum

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 53 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Unknown (State or foreign country) 9

10. Usual occupation Laborer 9

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Geo Kovacevich

(b) Address 3552a So. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director E. J. Schnur

(b) Address E. J. Schnur 3125 Lafayette

19. (a) DEC 17 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13. year 1940 hour 9:05 minute P. M.

21. I hereby certify that I attended the deceased from October 7, 1940 to December 13, 1940 that I last saw him alive on December 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of Lime & multiple metastases.

Due to

Due to

Other conditions 46 (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above.

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James T. Murphy (M. D. or other)

Address 1515 Lafayette Ave. Date signed 12/14/40

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.