. S. No. 2
M—1-4-41
v. 5-17-39
I X26300

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. 35964

FILED DEC 11 1942

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10086

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: Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 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")
(d) Street No. 4403 Richard Pl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

000 17 7 9

3. (a) PRINT FULL NAME Edward J. Suess

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 17 1887 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	1	15	hr. min.

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

10. Usual occupation

11. Industry or business Salesman

FATHER
12. Name Joseph Suess
13. Birthplace Illinois (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Theresa Suess
(b) Address 4403 Richard Pl.

17. (a) ~~Burial~~ Shipped (Burial, cremation, or removal) (b) Date thereof Dec 5 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Olney, Ill

18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849 N. Euclid Ave.

19. (a) DEC 3 1942 (Date received local registrar) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd year 1942 hour 3 P.M. minute M.

21. I hereby certify that I attended the deceased from July 17 1942 to Dec. 2 1942 that I last saw him alive on Dec 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right lung — Duration
Carcinoma of left humerus
Due to Fractured left humerus
Due to carcinoma fractured humerus in July
Other conditions (Include pregnancy within 3 months of death) Primary site of lung

Major findings:
Of operations
Of autopsy

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 O. E. Williamson (M. D. ~~or other~~)
Address 6336 Clayton Road Date signed 12/2/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. O.E. Williamson
6336 Clayton Rd.

Office Highland 5267
Home " 3444

Hrs 7-8 P.M.

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 albert Mayfield

Licensed Embalmer No. 3077

P. O. Address.....

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, fact should be so stated above.