DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16660

State File No. 5159

FILED JUN 14 1943 313

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Alexian Brothers 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: 004 17 7 6

(a) State Mo. (b) County _____

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

(d) Street No. 3518 a Juniata ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louis Sudhoff

3. (b) If veteran, name war World war #1

3. (c) Social Security No. 497-18-8073

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marie Sudhoff

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan. (Month) 14th (Day) 1893 (Year)

8. AGE: Years 50 Months 4 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Bank Teller

11. Industry or business _____

FATHER
12. Name Louis Sudhoff
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Koelling
15. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Marie Sudhoff

(b) Address 3518 a Juniata ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So Kingshighway

19. (a) _____ (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1943 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from Oct. 15th, 1942, to June 3, 1943; that I last saw him alive on June 3, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

Other conditions Dementia Praecox (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Coronary thrombosis Ventricular clots - Nephritis

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 H. Weinberg (M. D. or other)

Address 325 Frisco Bldg St. Louis Date signed 6/4/43

JUN 4 1943

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 8-17-39 1 X19511

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 Richard W. Stoessand

Licensed Embalmer No. 4027

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, above space should be left blank.