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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18884

State File No.

Registrar's No. 81

Registration District No. 310

Primary Registration District No. 3058

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

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Four Hours (Specify whether
In this community Lifetime (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles 92
(If outside city or town limits, write "RURAL")
(d) Street No. 327 Clay Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William J. Sunderman

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 married
6. (b) Name of husband or wife Edna (nee) Sunderman 6. (c) Age of husband or wife if
alive unknown years
7. Birth date of deceased July 10 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 20 hr. min.

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

10. Usual occupation Barber

11. Industry or business

MOTHER FATHER { 12. Name Fredrick Wm. Sunderman
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Sunderman

(b) Address 327 Clay St., St. Charles, Mo

17. (a) Burial (b) Date thereof May 3-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. St. Charles

18. (a) Signature of funeral director H. C. Dallmeier

(b) Address 801 N. Second, St. Charles, Mo

19. (a) 87-27-43 (b) Ernest G. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1943 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from CORONERS to Inquest, 1943
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Injury to Brain
Sun shot wound,
Due to self inflicted
Due to

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: no
Of operations

Of autopsy Yes same as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Apr 30th 1943

(c) Where did injury occur? St Charles (City or town) (County) (State)
Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
331 Clay St. St Charles Mo

(Specify type of place) gun shot wound
While at work? no (e) Means of injury

23. Signature A P Erick Schuler (M. D. or other)

Address St Charles Mo Date signed 5/3/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 John C. Dallmeyer
Licensed Embalmer No. 9957
P. O. Address St Charles Mo

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.