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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16778

FILED JUN 9 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4892

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: 4531 Elmbank
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 18

(c) City or town 4531 Elmbank St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 10
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John E Souzewits

3. (b) If veteran, name war No

3. (c) Social Security No. 489-09-5216

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lida

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov (Month) 7 (Day) 1880 (Year)

8. AGE: Years 63 Months 6 Days 19 If less than one day hr. min.

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

10. Usual occupation Bartender

11. Industry or business Unknown

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

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

16. (a) Informant Lida Souzewits
(b) Address 4531 Elmbank

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 29 (Day) 44 (Year)
(c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director Wm P Dickman
(b) Address 4355 Washington

19. (a) MAY 28 1944 (Date received local registrar) J. F. Bulock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1944 hour 9 minute 10 P M.

21. I hereby certify that I attended the deceased from May 26, 1944, to May 26, 1944
that I last saw him alive on May 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum

Due to

Due to

Other conditions Diabetes
(Include pregnancy within 3 months of death)
Chronic nephritis

Major findings:
Of operation Carcinoma of rectum with adjacent metastases
Of autopsy

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 0

23. Signature Edward H. Snyder (M. D. or other) M.D.

Address 701 Olive St Louis Date signed 5-27-44

(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 John Ketter

Licensed Embalmer No. 3880

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.