

No. 2
M-5-43
5-17-39
I X36671

FILED MAR 31 1947
318

Registration District No. _____

Primary Registration District No. 100

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Inmate to City Jail
IN STREET IN FRONT OF 4125 S. SHAW AV.
(d) Length of stay: 55 Yes.
In this community 55 Yes.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0-00
(c) City or town St. Louis
(d) Street No. 4125 S Shaw
(e) Citizen of foreign country? 9
If yes, name country 0

3. (a) PRINT FULL NAME HENRY AUG. SUEDEMEYER

3. (b) If veteran, name war = 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Braun 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 22 1884

8. AGE: Years 62 Months 9 Days 23 If less than one day _____ min.

9. Birthplace Minden Germany

10. Usual occupation Butcher

11. Industry or business Jim Sheeran

12. Name Unknown

13. Birthplace Germany

14. Maiden name Unknown

15. Birthplace Germany

16. (a) Informant Ms. Emma Suedmeyer

(b) Address 4125 S Shaw

17. (a) Burial (b) Date thereof May 19, 1947

(c) Place: burial or cremation New Bethel here

18. (a) Signature of funeral director J. F. Breidich
(b) Address 1924 1/2 Louis Ave
19. (a) MAR 1 1947 (b) J. F. Breidich

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1947 hour 9 minute 17 P. M.

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

Immediate cause of death External hemorrhage
and shock of compound fracture
both legs; 3 subdural hematomas
when he walked into the pole
of a auto mobile driven by
Robert Schultz in front of
4125 S Shaw Boulevard around
9:17 P.M. March 15, 1947

Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

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) Unavoidable
(b) Date of occurrence March 15 1947
(c) Where did injury occur? St. Louis, Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street

While at work? None
Means of injury Car

23. Signature Walter Perry (M. D. or other) 3
Address 1924 1/2 Louis Ave Date signed 3/17/47

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

MOTHER, FATHER



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 Neale Paulson

Licensed Embalmer No. 2114

P. O. Address 1936 St. Louis 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, fact should be so stated above.