

No. 2
12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33069
Registrar's No. 9251

FILED OCT 11 1947

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Blanche Sueme
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Apr. 8 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 26 hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER {
12. Name Frank Smith
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Carlisle
(City, town, or county) (State or foreign country)
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Sueme
(b) Address 7040 Dale Ave.

17. (a) Burial (b) Date thereof 10-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) OCT 6 1947 J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7040 Dale Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 4 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct 2
1947 to Oct 4, 1947
that I last saw her alive on Oct 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart failure
Due to Arteriosclerotic heart disease and myocardial infarction
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy As above
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature F. L. Bradley (M. D. or other)
Address Barnes Hospital Date signed 10/4/47

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

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. Stoverand

Licensed Embalmer No. 4007

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.