No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21610

FILED JUL 6 1948

Registration District No. 3949 Primary Registration District No. 2002 Registrar's No. 1426

1. PLACE OF DEATH:
(a) County SAINT LOUIS:
(b) City or town UNIVERSITY CITY:
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 561 BEDFORD AVE.
(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:
(a) State MISSOURI: (b) County SAINT LOUIS:
(c) City or town UNIVERSITY CITY:
(If outside city or town limits, write "RURAL")
(d) Street No. 561 BEDFORD AVENUE:
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY ANTHONY SUMNICHT.
3. (b) If veteran, name war NO.
3. (c) Social Security No. 490-01-5426
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BLANCHE SUMNICHT
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased NOVEMBER (Month) 4 (Day) 1885 (Year)

8. AGE: Years 62 Months 7 Days I If less than one day hr. min.

9. Birthplace BONDUEL, (City, town, or county) WISCONSIN. (State or foreign country)
10. Usual occupation MANAGER
11. Industry or business SAINT LOUIS LAMP WORKS.
FATHER
12. Name CHARLES SUMNICHT.
13. Birthplace (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name AUGUSTA ZIMMEL
15. Birthplace SHAWNO (City, town, or county) WISCONSIN. (State or foreign country)
16. (a) Informant MRS H. A. SUMNICHT
(b) Address 661 BEDFORD AVE.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 8 1948 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEMETERY
18. (a) Signature of funeral director C. R. LUPTON & SONS
(b) Address 7233 DELMAR BLV'D. - U.CITY,MO.
19. (a) 6-8-48 (Date received local registrar) (b) Paul A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 5th year 1948. hour 10:40 minute A. M.

21. I hereby certify that I attended the deceased from 6/5/48 6/5/48, 19..., to 6/5/48, 19...; that I last saw him alive on 6/5/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary occlusion ½ hr. (Acute Coronary Occlusion) ½ hour.

Due to

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Wm K Wiches (M.D. or other) MD
Address 1504 Lodiamont Date signed 6/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

1506 Hadiamonds
Mu 9190
2-4

3998 Lindsay
Fl 3322

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.