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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34745**  
Registrar's No. **9233**

FILED NOV 6 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 1 month + 7 days  
(Specify whether)

In this community \_\_\_\_\_  
 years, months or days)

**3. (a) PRINT FULL NAME** Edward F. Sulzer

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 Single,

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: February 27, 1932  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	hr.	min.
<u>16</u>	<u>7</u>	<u>26</u>		

If less than one day

9. Birthplace: St. Louis, Missouri,  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Joseph Sulzer,

13. Birthplace St. Louis, Missouri,  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Emmenegger,

15. Birthplace St. Louis, Missouri,  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Sulzer,  
 (b) Address 2219 Hickman St.,

17. (a) Burial, (b) Date thereof 10/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Gebken-Benz Mortuary,  
2842 Meramec St.,

(b) Address \_\_\_\_\_

19. (a) OCT 26 1948 (b) J. B. Pasater  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri, (b) County \_\_\_\_\_

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

(d) Street No. 2219 Hickman St.,  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 23  
 year 1948 hour 12 minute 13 A.M.

21. I hereby certify that I attended the deceased from September 16  
 1948 to October 23, 1948;

that I last saw him alive on October 23, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pulmonary edema

Duration

Due to Cardiac failure - Acute

Due to Thrombosis, chronic, calcified of the aorta about L-2 or 3, above renal

Other conditions arteries.  
(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 FR Bradley (M. D. or other) \_\_\_\_\_

Address Barnes Hospital Date signed 10/23/48

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Louon E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.,  
P. O. Address St. Louis, 18, 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.**