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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22189

State File No.

FILED JUL 7 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 9329

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Near Valley Park		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shrewsbury	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 7701 Sutherland Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Meramec River			

3. NAME OF DECEASED (Type or Print) a. (First) Kerneth b. (Middle) Dean c. (Last) Sudfeld			4. DATE OF DEATH (Month) (Day) (Year) 5 31 1949			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 6, 1927	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR: Months 7 Days 25	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Telephone Instal'n Webster Groves		11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Arthur Sudfeld	13b. MOTHER'S MAIDEN NAME Mimette Recker	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. Jun '45 Aug '46	17. INFORMANT'S SIGNATURE OR NAME Mimette Sudfeld	ADDRESS 7701 Sutherland Ave
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) suffocation by drowning while attempting to raise a motor from the Meramec River bed.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) the Meramec River bed.		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			183

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E9298	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Meramec River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kirkwood, St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 31 49 P m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? see above

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Donald J. Willmann (Degree or title) Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 6/1/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/3/49	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Kirkwood No. 96
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DATE REC'D BY LOCAL REG. 6-1-49	REGISTRAR'S SIGNATURE Thurmond	25. FUNERAL DIRECTOR'S SIGNATURE Mittelberg	ADDRESS Fun'l Home Webster Groves M
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 31 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Albert G. Hoppe

Licensed Embalmer No. 7971

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.