

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32229

| | | | | | | | | | |
|---|--|--|---|---|---|---|-----------------------|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7902 | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo | | | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | | | c. LENGTH OF STAY (In this place) | | | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp | | | | d. STREET ADDRESS 23 | | | | e. (If rural, give location) 2310 Russell | |
| 3. NAME OF DECEASED (Type or Print) JOHN | | | a. (First) | | b. (Middle) | | c. (Last) SUCHARDA | | |
| 4. DATE OF DEATH Sept. 11, 1949 | | 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single | | 8. DATE OF BIRTH 2-10-1900 | |
| 9. AGE (In years last birthday) 49 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) C.S. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Jan Sucharda | | | 13b. MOTHER'S MAIDEN NAME Frances Hallis | | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Sadlo 819 No. Hills Dr. | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 mos. 3 mos. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 102 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 444X | | | | | |
| 22. I hereby certify that I attended the deceased from Jan. 1, 1948 to Sept. 11, 1949, that I last saw the deceased alive on Sept. 11, 1949, and that death occurred at 12 noon, from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Paul T. Hartman | | | | 23b. ADDRESS 5400 Arsenal St. | | 23c. DATE SIGNED 9/11/49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-14-49 | | 24c. NAME OF CEMETERY OR CREMATORY New Pickens Cem | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo | | | |
| DATE REC'D BY LOCAL REG. SEP 12 1949 | | REGISTRAR'S SIGNATURE J.B. Lassiter | | FUNERAL DIRECTOR'S SIGNATURE Myrdell Furedon | | ADDRESS 1926 Allen | | | |

WRITE PLAINLY—USING 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Dale A. Stammann

Licensed Embalmer No. 4533

P. O. Address 1956 Allen

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.