

FILED NOV 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39098

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9756

1. PLACE OF DEATH

a. COUNTY None

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis

c. LENGTH OF STAY (In this place) 8 days

d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY \_\_\_\_\_

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2079

d. STREET ADDRESS (If rural, give location) 5305 Ruskin Ave.

3. NAME OF DECEASED (Type or Print)

a. (First) Stephen b. (Middle) \_\_\_\_\_ c. (Last) Sulzer

4. DATE OF DEATH (Month) (Day) (Year) 11 15 50

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 23, 1878 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Austria 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Sulzer 13b. MOTHER'S MAIDEN NAME Mary unknown 14. NAME OF HUSBAND OR WIFE Louise Sulzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. 488-09-8119 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louise Sulzer-5305 Ruskin Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Right Kidney

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Carcinoma of Rectum

INTERVAL BETWEEN ONSET AND DEATH 9 mos.

19a. DATE OF OPERATION 11-15-50 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Right Kidney 20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 180 X

22. I hereby certify that I attended the deceased from November 7, 1950, to November 15, 1950, that I last saw the deceased alive on November 15, 1950, and that death occurred at 8:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE Eugene P. Standley (Degree or title) M.D. 23b. ADDRESS Barnes Hospital, St. Louis 23c. DATE SIGNED 11-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11/18/50 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. NOV 17 1950 REGISTRAR'S SIGNATURE J.B. Basler 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral - 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Albert R. Thompson*

Licensed Embalmer No.

*4237*

P. O. Address

*St. Louis*

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.