

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3055
Registrar's No. 176

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1002

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5332 Nottingham Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
d. STREET ADDRESS (If rural, give location) 5332 Nottingham Ave.

3. NAME OF DECEASED
a. (First) AMALIE C.
b. (Middle) _____
c. (Last) SUNDERMAN

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 6 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Nov. 7, 1879

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) Employee of United Cleaners

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Frederick Sunderman

13b. MOTHER'S MAIDEN NAME Charlotte Unknown

14. NAME OF HUSBAND OR WIFE _____

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. 490-01-8890

17. INFORMANT'S SIGNATURE OR NAME Mr. H. R. Foster ADDRESS 5332 Nottingham Av.

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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease
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 Colon

INTERVAL BETWEEN ONSET AND DEATH
4214 H
? 3 mos

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE - HOMICIDE 0 (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) 0 _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 1-1-1

22. I hereby certify that I attended the deceased from 11-24, 1950 to 1-6, 1951, that I last saw the deceased alive on 1-5, 1951, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE H. R. Foster (Degree or title) _____

23b. ADDRESS 634 No Grand

23c. DATE SIGNED 1-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE Jan. 9, 1951

24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JAN 8 10 51

REGISTRAR'S SIGNATURE J. B. Foster

25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
By Informant 1-11-51

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.

Student Embalmer No.

Signed Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address _____

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.