

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5736

State File No.

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 3058 Registrar's No. 28

923

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

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>		c. LENGTH OF STAY (in this place) <u>9 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>		0923
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>512 Clark St</u>			d. STREET ADDRESS (If rural, give location) <u>512 Clark St</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frederich</u>	b. (Middle) <u>H</u>	c. (Last) <u>Sunderhuse</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 19 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 26 1863</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u> Hours <u>7</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wilhelm Sunderhuse</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Grothe</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Schodow Sunderhuse</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Otto Sunderhuse 512 Clark St</u>			
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>- 10 yrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arterio Sclerosis</u>			<u>10 yrs</u>	
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4200</u>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>5/16/1948</u> to <u>2/19/1951</u> , that I last saw the deceased alive on <u>2-19-51</u> , and that death occurred at <u>5:20 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R.A. Kudice</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>126 So. Main St. St. Charles, Mo.</u>		23c. DATE SIGNED <u>2/20/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 21 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Charles Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 24 1951</u>	REGISTRAR'S SIGNATURE <u>Frank Henkel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hickmann-Paul</u>	ADDRESS <u>St. Charles, Mo.</u>		

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 27 1951

RECEIVED

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 *Charles J. Macke*

Licensed Embalmer No. *4530*

P. O. Address *St. Charles, 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.