

FILED APR 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11163

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>609</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch (rural)</u>		c. LENGTH OF STAY (in this place) <u>505 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2259</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>				d. STREET ADDRESS (If rural, give location) - <u>819 1/2 Market</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Napolean</u>		b. (Middle) <u>Eugene</u>		c. (Last) <u>Suzor</u>	
4. DATE OF DEATH		(Month) <u>2-3-51</u>		(Day) _____		(Year) _____	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>3-30-97</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____	IF UNDER 12 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waiter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Spencer, Mass.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Adolph Suzor</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>?? (divorced)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>W.W.I</u>		16. SOCIAL SECURITY NO. <u>??</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records, Rbht. Koch Hosp.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pulmonary tuberculosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>></u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>				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>2-2-51</u> 19 <u>51</u> , to <u>2-3-51</u> 19 <u>51</u> , that I last saw the deceased alive on <u>2-3-51</u> 19 <u>51</u> , and that death occurred at <u>12:45 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ellis J. Lipinski M.D.</u> (Degree or title)				23b. ADDRESS <u>Robert Koch Hospital</u>		23c. DATE SIGNED <u>2-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-8-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			

RWR Licensed Embalmer's Statement on Reverse Side

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

1961 9 18

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.....

William J. Salf

Signed.....
Student Embalmer

Licensed Embalmer No. *4699*

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. .