

FILED MAY 1- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14828
Registrar's No. 3802

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3802	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) St. Clair		0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 2515 Hampton, Apt. 3C				d. STREET ADDRESS (If rural, give location) R.R. No. 2			
3. NAME OF DECEASED (Type or Print) MAUDE		a. (First)		b. (Middle) VICTORINE		c. (Last) SUGGETT	
4. DATE OF DEATH April 20, 1952		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Jan. 3, 1876		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days		IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.W.	
13a. FATHER'S NAME William Winter		13b. MOTHER'S MAIDEN NAME Elizabeth Bossard		14. NAME OF HUSBAND OR WIFE George A. Suggett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. yes		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard W. Suggett, 2515 Hampton			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY INSUFFICIENCY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) INFLUENZA - DUE TO (c) ARTERIOSCLEROSIS + HYPERTENSION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - GENERALIZED ARTERIOSCLEROSIS				INTERVAL BETWEEN ONSET AND DEATH 5-6 DAYS 3 wks 3	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? H81X			
22. I hereby certify that I attended the deceased from 3-30 , 19 52 , to 4-19 , 19 52 , that I last saw the deceased alive on 4-17 , 19 52 , and that death occurred at 8:15P m., from the causes and on the date stated above.							
23a. SIGNATURE John J. Pearl, M.D. (Degree or title)				23b. ADDRESS St. Clair, Mo		23c. DATE SIGNED 4-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4/23/52		24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. APR 22 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, 6175 Delmar			

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

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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.....
Student Embalmer

Signed *Joe E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar*

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.