

3. No. 500
4. 10. 48

FILED OCT 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37111

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>542</u>		Registrar's No. <u>2592</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>MO.</u>				b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>FERGUSON</u>		c. LENGTH OF STAY (In this place) <u>30 YRS.</u>		c. CITY OR TOWN <u>FERGUSON</u>		11/19			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>124 TIFFIN AVE</u>				d. STREET ADDRESS (If rural, give location) <u>124 TIFFIN AVE</u>				0	
3. NAME OF DECEASED (Type or Print) <u>NELLIE</u>			a. (First)		b. (Middle)		c. (Last) <u>SUEDMEYER</u>		
4. DATE OF DEATH <u>OCT. 6, 1952</u>		(Month) (Day) (Year)		5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 23, 1897</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR: Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NIL</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>CHARLES L. GRONEMEYER</u>			13b. MOTHER'S MAIDEN NAME <u>MARY POLSTER F. W. M. SUEDEMEYER</u>			14. NAME OF HUSBAND OR WIFE			
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 <u>F. W. M. Suedmeier</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</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) <u>181X</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>Feb. 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Bladder</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>HOMICIDE</u>		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) (Minute)		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>Jan</u> , 1947, to <u>Oct</u> , 1952, that I last saw the deceased alive on <u>9-8</u> , 1952, and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>M. D. Johnson</u> (Degree or title)				23b. ADDRESS <u>Ferguson MO</u>		23c. DATE SIGNED <u>10-7-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct. 9, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAUGHAN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. MO</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wadsworth & Sons</u> ADDRESS <u>2924 E. 20 St</u>					

DR SUEDEMEYER 40 Flor Rd

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.

Student
Student Embalmer

Student Embalmer No.

Signed *Gustav W. Dittala*.....

Licensed Embalmer No. *4329*.....

P. O. Address *H. J. J. J. J. J.*.....

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.