

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**1955**

State File No. ....

**FILED JUN 1 - 1955**

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4700</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FIRMIN DELOGE HOSP. 199 4341-WESTMINSTER PL. HOME</b>				d. STREET ADDRESS (If rural, give location) <b>MARY RIDER</b>			
3. NAME OF DECEASED (Type or Print) <b>ELIZABETH D SUESS</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 7 1953</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>MARCH 8 - 1870</b>		9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days <b>1 29</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ST LOUIS MO</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>GEORGE SUESS</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lydia Cullen 3618 Wilmington</b>			
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.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease with congestive failure</b> ANTECEDENT CAUSES <b>Generalized arteriosclerosis</b> 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: <b>Fracture of hip</b> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>2</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>OK 10/1/53</b>						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? <b>4200F</b>			
22. I hereby certify that I attended the deceased from <b>5-4, 1953</b> , to <b>5-7, 1953</b> , that I last saw the deceased alive on <b>5-6, 1953</b> , and that death occurred at <b>10:45 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Arthur K. Trostep MD</b>				23b. ADDRESS <b>185. Rimpfshway</b>		23c. DATE SIGNED <b>5-8-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 9 - 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION-CEN ST. LOUIS</b>		24d. LOCATION (City, town, or county) (State) <b>MO</b>		
DATE REC'D BY LOCAL REG. <b>MAY 8 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Robert L. G. Co</b>		ADDRESS <b>1905 S Grand</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Mr. W. Ruetz*

Licensed Embalmer No. \_\_\_\_\_

*4865*

P. O. Address \_\_\_\_\_

*St Louis*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.