

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37848

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2757

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>	c. LENGTH OF STAY (in this place) <b>50 Yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves 4617</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>355 Calvert Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>355 Calvert Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>ADOLPH SUNDHAUSEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-24-1953</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-25-1870</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Florist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail floral</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Temesvar Hungary</b>		12. CITIZEN OF WHAT COUNTRY? <b>Hungary</b>

13a. FATHER'S NAME <b>Stephen Sundhausen</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Bayer</b>		14. NAME OF HUSBAND OR WIFE <b>Katherine Sundhausen</b>	
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>Emil Sundhausen 45 Moody Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterioclerotic heart disease with hypertension</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</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 <b>years</b> <b>4200</b>	
---	--	--	--	---	--

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 7/11, 1947, to 9/25, 1953, that I last saw the deceased alive on 9/25, 1953, and that death occurred at 2:20 PM from the causes and on the date stated above.

23a. SIGNATURE <i>Blaworth Callister</i>	(Degree or title)	23b. ADDRESS <b>204 E. Big Bend</b>	23c. DATE SIGNED <b>10/26/53</b>
---	-------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-27-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>10/26/53</b>	REGISTRAR'S SIGNATURE <i>Herbert B. Spence</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>M. Parker Aldrich</i>	ADDRESS <b>7 Home Webster Groves Mo.</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 \_\_\_\_\_

*Leslie Welch*

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

*4395*

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

*Walter Brown*

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.