

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41242

State File No.

FILED NOV 25 1953

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 10411

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Ferdinand TWP		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 1320 Highway 66			
3. NAME OF DECEASED (Type or Print) a. (First) GUSTAV		b. (Middle) SUDMEIER		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) October 31st, 1953		5. SEX <input checked="" type="checkbox"/> male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 8th, 1888		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME William Sudmeier		13b. MOTHER'S MAIDEN NAME Louise Elstermeyer	
14. NAME OF HUSBAND OR WIFE Sophia Sudmeier		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Sophia Sudmeier, 1320 Highway 66		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 1-2-53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate		20. AUTOPSY? YES <input checked="" 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? 177X	
22. I hereby certify that I attended the deceased from 12-27-53 , to 10-31-53 , 19___, that I last saw the deceased alive on 10-31-53 , 19___, and that death occurred at 8:45 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE E. M. Cameron M.D.		23b. ADDRESS 607 N. Grand, St. Louis 3, Mo.		23c. DATE SIGNED 11-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE November 4th 1953		24c. NAME OF CEMETERY OR CREMATORY Salem EV. Luthern Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Diedrich Funeral Home		ADDRESS 8319 Halls Ferry	
DATE REC'D BY LOCAL REG. NOV 2 1953		REGISTRAR'S SIGNATURE J. C. Smith			

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.....
Signature of Student Embalmer

Signed.....
Frederick J. Lamm

Licensed Embalmer No. *4788*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.