

# STANDARD CERTIFICATE OF DEATH

10464

State File No. ....

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2476

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>2247</u>
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge</u>		e. STREET ADDRESS (If rural, give location) <u>24 3259 So. Jefferson</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Barbara</u>	b. (Middle)	c. (Last) <u>Sucher</u>
4. DATE OF DEATH (Month) (Day) (Year)	<u>3 15 54</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>	8. DATE OF BIRTH <u>June 2 1873</u>
9. AGE (In years last birthday) <u>80</u>	If UNDER 1 YEAR Months	1 YEAR Days	If UNDER 15 Min. Hours
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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville Ill. /</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Unknown Soal</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Felix Sucher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anthony Droste 1801 Sybil Ct</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach &amp; metastases</u>		
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		_____	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombophlebitis &amp; multiple pulmonary emboli</u>		_____	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>151X</u>

22. I hereby certify that I attended the deceased from March 2, 1954 to March 15, 1954, that I last saw the deceased alive on March 15, 1954, and that death occurred at 2:29 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Heysel</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1325 S. Grand Ave. St. Louis Mo</u>	23c. DATE SIGNED <u>2/15/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 18 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter &amp; Paul</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schnur 3125 Lafayette</u>	
DATE REC'D BY LOCAL REG. <u>MAR 17 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joseph B. Williams*.....

Licensed Embalmer No. *4151*.....

P. O. Address *312 S. Taylor*.....

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.