

FILED APR 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12879

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE PERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PERRYVILLE</u>		c. LENGTH OF STAY (In this place) <u>10 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u>		0951	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PERRY CO. MEMORIAL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>142 N. 4th St.</u>			
3. NAME OF DECEASED a. (First) <u>GENEVIEVE</u>		b. (Middle) <u>MARY</u>		c. (Last) <u>SUCHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 18 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV 18 1890</u>		9. AGE (In years last birthday) <u>63</u>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Hours Min.
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		11. BIRTHPLACE (City and State or Foreign Country) <u>STE. GENEVIEVE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH REICH</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KLEIN</u>		14. NAME OF HUSBAND OR WIFE <u>LEO P. SUCHER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Leo P. Sucher M.D. Ste. Genevieve Mo</u> ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</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) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) _____		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>8 April, 1954</u> , to <u>18 April, 1954</u> , that I last saw the deceased alive on <u>18 April, 1954</u> , and that death occurred at <u>2:10 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Johnson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Perryville, Mo</u>		23c. DATE SIGNED <u>APR 20 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/21/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLEY SPRING</u>		24d. LOCATION (City, town, or county) (State) <u>STE GENEVIEVE MO</u>		
DATE REC'D BY LOCAL REG. <u>4-20-54</u>		REGISTRAR'S SIGNATURE <u>250</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Baskin Ste Genevieve Mo</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 5

MAY 21 1954

DEPT. OF HEALTH

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 *Adrian J. Eller*

Licensed Embalmer No. *4740*

P. O. Address *St. Genevieve*

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.