

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1955

State File No. **20434**
Registrar's No. **4895**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 20434		Registrar's No. 4895	
1. PLACE OF DEATH a. COUNTY St. Louis Mo				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4728 Cote Brillante				e. STREET ADDRESS (If rural, give location) 6 4728 Cote Brillante 20690					
3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Hays c. (Last) Suddeth			4. DATE OF DEATH (Month) (Day) (Year) June 1 1955						
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 16 Sept 1894		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer			10b. KIND OF BUSINESS OR INDUSTRY Scullins		11. BIRTHPLACE (City and State or Foreign Country) Attalla Mississippi			12. CITIZEN OF WHAT COUNTRY? Yes	
13a. FATHER'S NAME Robert Suddeth			13b. MOTHER'S MAIDEN NAME Nannie Wingard			14. NAME OF HUSBAND OR WIFE Mrs Lula Suddeth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME Mrs Lula Suddeth		ADDRESS 4728 Cote Brillan			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification Condensationitis ANTECEDENT CAUSES DUE TO (b) Nephritis DUE TO (c) High Blood Pressure						INTERVAL BETWEEN ONSET AND DEATH 2 years 1 1/2 years 1 year	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION no operation						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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? 593x					
22. I hereby certify that I attended the deceased from May 18, 1955 to June 1st, 1955 , that I last saw the deceased alive on June 1st, 1955 , and that death occurred at 8:20 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE May 28th 1955 (Degree or title) M.D.					23b. ADDRESS 2330 Frank Ave			23c. DATE SIGNED JUN 4 1955	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 6/6/55		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo			
DATE REC'D BY LOCAL REG. JUN 4 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman J. Smith 4247/w Labadie Ave				

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.....
H. Claude Gor

Licensed Embalmer No. 34

P. O. Address 4575

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.