

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5441**

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **5591** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Jefferson		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 Hillsboro	c. LENGTH OF STAY (In this place) 3 Weeks	c. CITY OR TOWN St. Louis	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 Castle Acres Nursing Home,		e. STREET ADDRESS (If rural, give location) 4878 Calvin Avenue, 15,	

3. NAME OF DECEASED (Type or Print) **Frederic Suss**

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH **March 2nd, 1956**
(Month) (Day) (Year)

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Oct. 27th, 1869** 9. AGE (In years last birthday) **86**

IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Fitter**

10b. KIND OF BUSINESS OR INDUSTRY **Clothing**

11. BIRTHPLACE (City and State or Foreign Country) **France**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Frederic Suss** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Late Magdalena Suss**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None**

16. SOCIAL SECURITY NO. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Mabel Harig** ADDRESS **St. Louis, 7, Missouri, 4008 Green Lea Place,**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Thrombosis**

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 **Gen. arterio-sclerosis** **1 year**

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **none** 19b. MAJOR FINDINGS OF OPERATION **none** 20. AUTOPSY? YES NO

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) **none** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Feb 29, 1956**, to **Mar 2, 1956**, that I last saw the deceased alive on **Feb 29, 1956** and that death occurred at **5:04 pm.**, from the causes and on the date stated above.

23a. SIGNATURE: (Degree or title) **Nov. J. H. Hiesty M.D.** 23b. ADDRESS: **D. J. J. Co.** 23c. DATE SIGNED: **Mar 2, 56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal-Motor** 24b. DATE **3/5/56** 24c. NAME OF CEMETERY OR CREMATORY **Zion Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **3-6-56** REGISTRAR'S SIGNATURE **Kathleen Marsden** FUNERAL DIRECTOR'S SIGNATURE ADDRESS **141 CALVIN F. FEUTZ, 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Missouri**

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 10 1956

MAR 13 1956

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 *John A. M...*.....

Licensed Embalmer No. *41*.....

P. O. Address *St. Louis*.....

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.