

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14907

State File No. ....

318

1003

3524

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>10 DAYS</u>		c. CITY OR TOWN		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 <u>DE PAUL HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>2 mi. E. of FREDERICKTOWN</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>VICTOR</u>		b. (Middle) <u>JOHN</u>		c. (Last) <u>SUNDERMAN</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>APRIL 6, 1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 6, 1893</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.		Months Days Hours Min.	
<u>63</u>		<u>3</u>		<u>0</u>		<u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>C LERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MADISON COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN SUNDERMAN</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA PILKER</u>		14. NAME OF HUSBAND OR WIFE <u>STELLA SUNDERMAN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>STELLA SUNDERMAN - FREDERICKTOWN</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative Myocarditis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>					
*This does not mean the mode of dying, such as heart failure, ashenia, 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. <input checked="" type="checkbox"/>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>422.2</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from <u>1945</u> , 19 <u>56</u> , to <u>April 6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>April 6, 1956</u> , and that death occurred at <u>7:00 P. m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>F. R. Finney</u>		23b. ADDRESS <u>539 N. Grand Ave</u>		23c. DATE SIGNED <u>4/9/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/9/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON Co. MO.</u>	
DATE REC'D BY LOCAL REG. <u>APR 9 1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] - FREDERICKTOWN, MO.</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

1953  
AUG 4 1953

MS  
AUG 4 1953

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 *F. Adamson*

Licensed Embalmer No. 43

P. O. Address *FREDERICK*

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.