

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019253

STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY: <i>Phelps</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <i>Mo</i> b. COUNTY: <i>Phelps</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <i>Rolla</i>		c. CITY OR TOWN: <i>Rolla</i> <i>0820</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <i>McFarland Nursing</i>		d. STREET ADDRESS (If outside, give location): <i>McFarland Nursing Home</i>	
Length of stay in lb: <i>9 yrs</i>		Reside on Farm: <i>Home</i> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First: <i>Johanna</i> Middle: <i>Sulzbach</i> Last: <i>Sulzbach</i>			4. DATE OF DEATH Month: <i>May</i> Day: <i>21</i> Year: <i>1958</i>
5. SEX: <i>female</i>	6. COLOR OR RACE: <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH: <i>6-21-1881</i>
9. AGE (In years last birthday): <i>76</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>at home</i>	11. BIRTHPLACE (City and state or country): <i>St. Louis, Mo.</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?: <i>U.S.A.</i>
13a. FATHER'S NAME: <i>John Luethge</i>		13b. MOTHER'S MAIDEN NAME: <i>Wilhelmin Budan</i>	14. NAME OF HUSBAND OR WIFE: <i>Lillian Gerber</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <i>no</i>		16. SOCIAL SECURITY NO.: <i>NONE</i>	17. INFORMANT: <i>Lillian Gerber</i> Address: <i>St. Louis, Mo. 2252 Jules St.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic Carcinoma.</i> DUE TO (b) <i>Carcinoma of Scapula.</i> DUE TO (c) <i>1914</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour: _____ Month: _____ Day: _____ Year: _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): _____		20f. CITY, TOWN, OR LOCATION: _____ COUNTY: _____ STATE: _____	
21. I attended the deceased from <i>5/8/58</i> to <i>5/21/58</i> and last saw her alive on <i>5/21/58</i> Death occurred at <i>3:55 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title): <i>Wm R. Lytle M.D.</i>		22b. ADDRESS: <i>Rolla Mo.</i>	22c. DATE SIGNED: <i>5/21/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify): <i>Removal</i>	23b. DATE: <i>5-24-58</i>	23c. NAME OF CEMETERY OR CREMATORY: <i>Sunset Burial Park</i>	23d. LOCATION (City, town, or county) (State): <i>Afton Mo.</i>
24. FUNERAL DIRECTOR: <i>J.L. Ziegenhein &amp; Sons</i> ADDRESS: <i>St. Louis, Mo. 7027 Grevois</i>		DATE RECD. BY LOCAL REG.: <i>May 23, 1958</i>	26. REGISTRAR'S SIGNATURE: <i>Nadine R. Stoll</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED

Phelps County Health Officer,

County File Number 1041

JUN 9 1958

Date Filed 5/29/58

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 Ronald E Benz

Licensed Embalmer No. 4853  
P. O. Address St Louis, Mo.

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.