

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036917
STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5575 Registrar's No. _____

FILED OCT 20 1958

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>IMPERIAL</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>IMPERIAL</u> ⁰⁵⁰⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ROUTE # 2 Box 419</u>		Length of stay in 1b _____	d. STREET ADDRESS (If outside, give location) <u>ROUTE # 2 Box 419</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>BERNARD J SUEDKAMP</u>		4. DATE OF DEATH Month Day Year <u>SEPT 14 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 20 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INT. SHOE CO</u>	9. AGE (In years last birthday) <u>78</u>
11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U - S - A.</u>	
13a. FATHER'S NAME <u>HENRY SUEDKAMP</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE OSTERMAN</u>	
14. NAME OF HUSBAND OR WIFE <u>MARTHA SUEDKAMP</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>492-01-6693</u>		17. INFORMANT <u>MARTHA SUEDKAMP</u> Address <u>IMPERIAL MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Senile Emphysema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<u>5271</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
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 <u>8/12 1958</u> to <u>9/14/58</u> and last saw him alive on <u>9/14/58</u> Death occurred at <u>3:10</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles R. Burmeister M.D.</u>		22b. ADDRESS <u>206 N. Clay, Kirkwood</u>	
22c. DATE SIGNED <u>9/16/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
23b. DATE <u>SEPT 17 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>NEW PICKERS CEM</u>	
23d. LOCATION (City, town, or county) <u>ST LOUIS</u>		23e. STATE <u>MO</u>	
24. FUNERAL DIRECTOR <u>Thomas Kurtis</u>		25. DATE RECD. BY LOCAL REG. <u>9-17-58</u>	
ADDRESS <u>2906 Grannie</u>		26. REGISTRAR'S SIGNATURE <u>Robert E. Daver</u>	

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.

89 1108 100

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 7 1958

Post
VI

1 Adams 7-4731

2-4

206 N. Long (Hillsboro)
9-12
P. O. Address

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 *Samuel P. Dill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Adams*

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.