

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038079

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

9735

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 4 1963

VS 300 Rev. 4/59	DATE AMENDED	
1	21 09	
2	2	
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4	1	
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12	68-0	
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68		

6356 Clayton Rd
USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 41 YRS	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. BAPTIST HOSPITAL		d. STREET ADDRESS (If outside, give location) 4430 BESSIE AVE	
3. NAME OF DECEASED (Type or print) First JEWEL Middle DEAN Last SUEDMEYER		4. DATE OF DEATH Month SEPT. Day 28. Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/7/1922
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NIL	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO
13a. FATHER'S NAME MERLE R. CHAMPION		13b. MOTHER'S MAIDEN NAME MARGUERITE NEWKIRK	
14. NAME OF HUSBAND OR WIFE HOWARD J. SUEDMEYER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT HOWARD J. SUEDMEYER 4430 BESSIE AVE	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIRRHOSIS OF LIVER			INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 581.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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., Month, Day, Year			
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 2-12-62 to 9-28-63 and last saw her ^{him} alive on 9-28-63 Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Dean Jewell Suedmeyer M.D.</i>		22b. ADDRESS 6356 Clayton Ave St. Louis, MO	22c. DATE SIGNED 9-30-63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Oct. 1, 1963	23c. NAME OF CEMETERY OR CREMATORY MC KENDREE CHAPEL CEM	23d. LOCATION (City, town, or county), (State) KEYESPORT ILLINOIS
24. FUNERAL DIRECTOR Suedmeyer & Son 3934 N. 20 St		25. DATE RECD. BY LOCAL REG. SEP 30 1963	26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

CONSIDER REVERSING

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 Robert M. Murray

Licensed Embalmer No. 3749

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.