

FILED **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 363

Primary Registration District No. 4532

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Marthasville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Forty-Three years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warren
(c) City or town Marthasville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis F. Suhre

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frieda Suhre 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Nov. 16 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Big Spring Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Confectionery Store

11. Industry or business _____
12. Name August Suhre
13. Birthplace Marthasville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Kueschler
15. Birthplace Truque Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Eli G. Suhre

(b) Address Marthasville, Mo.

17. (a) Burial (b) Date thereof Oct. 25-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marthasville cemetery

18. (a) Signature of funeral director Fred W. Schuler

(b) Address Marthasville Mo.
19. (a) Oct 27/45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1945 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 21, 1945, to Oct 21, 1945
that I last saw him alive on Oct 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocarditis
Due to: Chc. myocarditis
Due to: with coronary artery disease

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: [Signature]
Of operations _____
Of autopsy _____

Duration 1 day
12 month
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Herbert H. Schumert (M. D. or other)
Address Marthasville, Mo. Date signed Oct 24 1945

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD.

MOTHER FATHER

MAR 22 1946

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.....

....., Registered Apprentice No.....

working under my personal supervision..

Signed *Fred. W. Lichtenberg*

Licensed Embalmer No. *1321*

P. O. Address. *Martha'sville 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 this body is not embalmed, fact should be so stated above.