. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26424

State File No.

Registration District No. ~~3007~~ 43 Primary Registration District No. ~~48~~ 3007 Registrar's No. ~~43~~ 257

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)
In this community 11 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape Girardeau
(c) City or town Dutchtown
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosina Suedekum
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August Suedekum
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Feb. (Month) 7 (Day) 1867 (Year)

8. AGE: Years 79 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Kelso (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Housekeeper
11. Industry or business
FATHER 12. Name Fred Schlegel
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Mary Kirn
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. E. H. Boren
(b) Address 545 Asher
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Lutheran Cem.
18. (a) Signature of funeral director C. G. Lehenbauer
(b) Address Cape Girardeau Mo.
19. (a) 8/11/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th year 1946 hour 8 minute 0 A.M.
21. I hereby certify that I attended the deceased from March 9, 1946, to Aug 6, 1946; that I last saw her alive on Aug 5, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocarditis, chronic. — Unknown.
Due to Unknown.
Due to
Other conditions (Include pregnancy within 3 months of death) Arterial Sclerosis — Unknown.

Major findings:
Of operations
Of autopsy 934

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)
(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 J. W. Fonda (M. D. ~~or other~~)
Address Poplar Bluff, Mo. Date signed 8-6-46

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 194

RECEIVED
District Health Office No. 2,
District File Number 846-996
Date Filed 8-15-46

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 Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Douglas Ariz

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.