FILED APR 15 1940

V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8964

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2447

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Clayton N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. # 10 Clayton Terrace
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LENA M. SUHRE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred L. Suhre

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October (Month) 6 (Day) 1882 (Year)

8. AGE: Years 57 Months 5 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

FATHER
12. Name Joseph Kauflin
13. Birthplace unknown (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Fred L. Suhre
(b) Address # 10 Clayton Terrace.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3 - 14 -40 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director A. Krone
(b) Address 2707 North Grand Bl.

19. (a) MAR 13 1940 (Date received by registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1940 hour 9 minute 30 a M.

21. I hereby certify that I attended the deceased from 4/15/40, 19, to 3/11/40, 19; that I last saw her alive on 3/11/40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Ulcerative Colitis

Due to Sec. Cause

Due to Carcinoma of sigmoid

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Same as above

Of autopsy Same as above

Duration

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?
(Specify type of place)

While at work? — (e) Means of injury

23. Signature C. H. Keilson (M. D. or other)

Address Humboldt Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

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: Paul F. Knollenberg

Licensed Embalmer No. 2631

P. O. Address 2707 N Land

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, above space should be left blank.