S. No. 2
M—5-41
5-17-39
I X32873

FILED JAN 26 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

809

State File No. .....

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 556

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:
Little Sissters of 5 the poor Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3400 S. Grand (Specify whether
In this community .....
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis. 922
(If outside city or town limits, write "RURAL")

(d) Street No. 2650 ½ Caroline Str.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Luka Suhor

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Make

5. Color or race 0 Wht.

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife ----

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

7. Birth date of deceased Unknown abt. 1864
(Month) (Day) (Year)

8. AGE: Years Abt. 79 Months Unknown Days If less than one day ..... hr. ..... min.

9. Birthplace ..... Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Painter Retired

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant William Piskulic
(b) Address 5924 Holly Hills

17. (a) Burial (b) Date thereof 1/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Wm. E. Maxwell
(b) Address 1926 Allen Ave.

19. (a) JAN 19 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Nov 3, 1942 to Jan 18, 1943
that I last saw him alive on Jan 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis General — Duration 2 Yrs

Due to Indarterites Obliterans

Due to Lgs. Feet Gangrene R. Foot 1 mo

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 97
Of autopsy .....

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 [signature] (M. D. or other) 1/43

Address Univ. Club Bl. Date signed 1/19

(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. Me, working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen Ave

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.