

ED MAR 20 1943 318

Registration District No.

Primary Registration District No. 1003

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:
5531 Rosa Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5531 Rosa
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Hanna Tuhro

3. (b) If veteran, name war. - - - - - 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Gustave Tuhro 6. (c) Age of husband or wife if alive - - - years

7. Birth date of deceased. November 24th 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 3 12 hr. min.

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

10. Usual occupation. At Home

11. Industry or business

MOTHER FATHER { 12. Name Herman Lueke
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leo Chott
(b) Address 5531 Rosa Avenue

17. (a) Burial (b) Date thereof. 3/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director. BEIDERWIEDEN F. HOME, INC.
(b) Address 1936 St. Louis Avenue

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1943 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug 10 - 1942 to March 6 - 1943
that I last saw her alive on March 6 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of stomach with metastases
Duration 2 years
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature J. F. Bredeck (M.D. or other) MD
Address 3548 S Grand Date signed 3/8/43

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

Rev. Wm Weinberg
3848 So Grand

2-3:30 Pm

7-8:30 Pm

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

Felix J. Kuzman

Licensed Embalmer No.

3497

P. O. Address

1936 St. Louis

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.