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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23475

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 611

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
City Hospital No 1 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 23

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

(d) Street 1819 Texas Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ADELIA SUHRE

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 Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov 13 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife.

FATHER
12. Name Herman Hake
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Louise Kellman
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Allian Suhre
(b) Address 1819 Texas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11/44 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontain

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave

19. (a) JUL 10 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8.
year 1944 hour 4 30 A M minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Left Hip; arteriosclerosis suffered when deceased

Due to Slipped and fell on doorstep at her home

Due to 1818 Texas Ave on June 29 1944 at about 4:00 pm

Other conditions
(Include pregnancy within 3 months of death)

Duration

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) Accident

(b) Date of occurrence 6-29-44 000 23

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? no (e) Means of injury Fractured

23. Signature Thomas P. Callan (M.D. or other)

Address Deputy Coroner Date signed 7-10-44

(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 David Van Fossan

Licensed Embalmer No. 4342

P. O. Address 2906 Harris

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.