

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1956

State File No. **43954**  
**11437**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town/ship) <b>St. Louis</b>		c. LENGTH OF STAY (if this place) <b>12 hrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda Hospital</b>		e. CITY OR TOWN <b>St. Louis</b> f. STREET ADDRESS (If rural, give location) <b>3215 Iowa Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Herman W. E.</b> b. (Middle) c. (Last) <b>Suhre</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 11, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 23, 1880</b>
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Hermann H. Suhre</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Stroh</b>	
14. NAME OF HUSBAND OR WIFE <b>Ella Wood Suhre</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>497-09-5170</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Louise C. Baer - 5287 Delor St.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <b>W</b>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4222</b>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>11:05 p.m.</b>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Dec 11, 1956</b> to <b>Dec 11, 1956</b> that I last saw the deceased alive on <b>Dec 11, 1956</b> and that death occurred at <b>11:05 p.m.</b> from the causes and on the date stated above.	
23a. SIGNATURE <b>L. G. Reber M.D.</b>		23b. ADDRESS <b>2800 California</b>	
23c. DATE SIGNED <b>12/12/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremaion</b>	
24b. DATE <b>Dec. 15, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WACKER-HELDERLE - 3634 Gravois Ave.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 13 1956</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>	

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 267

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.