

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37625

1. PLACE OF DEATH

92 County St. Charles Registration District No. 757
Township St. Charles Primary Registration District No. 3036
4 City St. Charles (No. 807, N. Benton) St. _____ Ward _____

File No. _____
Registered No. 192

2. FULL NAME LOUIS LEUCHAU

(a) Residence, No. 807 N. Benton St. 44 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Leuchau</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22 - 1872</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>4</u>
	DAYS <u>10</u>	IF LESS THAN 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>bookkeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Med Inquest Nov 2, 1933

Death is said to have occurred on the date stated above, at 5:15 a m.

The principal cause of death and related causes of importance were as follows:

Suicide by hanging Date of onset Nov 2 1933

Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? Inquest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Nov 2, 1933

Where did injury occur? St. Charles, St. Charles Co. no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In his home yard

Manner of injury By placing hemp cord around neck
Nature of injury Probably strangulation

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none

(Signed) Will L. Freeman
(Address) St. Charles Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Dont know</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Dont know</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Fred Leuchau</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Friedensberg</u> DATE <u>Nov 5</u> 19 <u>33</u>	
19. UNDERTAKER (ADDRESS) <u>W. A. Almy & Sons Co</u> <u>800 N. 1st St.</u>	
20. FILED <u>11/4/33</u> 19. <u>Blair</u>	

Coroner of St. Charles Co.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 4 1934

