

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

Do not use this space.

FFR 20 FEB 23 1937

4483

1. PLACE OF DEATH
 96 County ST. LOUIS Registration District No. 1170 File No. 4483
 7 Township Jefferson Primary Registration District No. 6248-H Registered No. 10
 1 City Richmond Heights (No. ST. MARYS HOSPITAL) St. _____ Ward _____

2. FULL NAME LOUISE LUECKENHOFF

(a) Residence, No. _____ St. _____ Ward. WESTPHALIA, Mo.
 (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF AUGUST LUECKENHOFF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20 - 1868

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>68</u>	<u>4</u>	<u>19</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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

12. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo.

MOTHER FATHER

13. NAME Fred Meyer

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Louise Lueckenhoff (ADDRESS) Westphalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Westphalia, Mo. DATE Jan. 13, 1937

19. UNDERTAKER Albert H. Horner Inc. (ADDRESS) 429 N. Lyndall

20. FILED Jan. 9, 1937 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1937

22. I HEREBY CERTIFY, That attended deceased from 1/27/36, 1936, to 1/9/37, 1937

I last saw her alive on January 8, 1937. Death is said to have occurred on the date stated above, at am.

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

Carcinoma of breast with metastases to liver, bone & brain

Other contributory causes of importance:

Terminal Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. O. Huether, M. D.

(Address) 3720 Washington

R. O. Huether, M. D.

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

