

REC'D JUN 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

16470

Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 2
 (b) Township 2 Primary Registration District No. BARNES HOSPITAL Registered No. 4004
 (c) City St. Louis, Mo. (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 416 Lydia Christiane Lealhofer

(a) Residence, No. 2950 86th St. St. NR Belleville, Illinois
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alex
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1886
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or mln. 53 3 7
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Chester, Ill. 1
 FATHER 13. NAME Christopher Luehrs 6
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6
 MOTHER 15. MAIDEN NAME Dorothea Wortman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover, Germany
 17. INFORMANT (ADDRESS) X Alex E. Gollhofer East St. Louis, Ill.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE May 1, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Hoffner East St. Louis, Ill.
 20. FILED MAY 1 1939 J. F. B. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28-39, 19
 22. I HEREBY CERTIFY, That I attended deceased from 3-21-39, 19, to 4-28-39, 19.
 I last saw her alive on 4-28-39, 19. Death is said to have occurred on the date stated above, at 5 PM m.
 The principal cause of death and related causes of importance were as follows:
CARCINOMA OF COLON Date of onset DEC. 1937
H/O
 Other contributory causes of importance:
POST OP. PERITONITIS
" " PULM. ATELECTASIS
 Name of operation RESECTION COLON Date of 4-7-39
 What test confirmed diagnosis? XRAY Was there an autopsy? YES
 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) H. Hoffner M. D.
 (Address) BARNES HOSPITAL

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 EMPHASIS ON THE FACTS.

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.....

Licensed Embalmer No. 3162

P. O. Address East St. Louis, Ill.

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, above space should be left blank.