DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40660

DEC 18 1939

Registration District No. 757 — Primary Registration District No. 3036 — Registrar's No. 175

1. PLACE OF DEATH:

(a) County St Charles Mo. 1

(b) City or town _____ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hospital St Charles Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo 1 (b) County St Charles

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

(d) Street No. above Seib Station MK&T RR (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ralph Charles Luehrs

3. (b) If veteran, name war _____

3. (c) Social Security No. 449-16-9389

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alvina Fehr

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

7. Birth date of deceased March (Month) 2 (Day) 1901 (Year)

8. AGE: Years 38 Months 8 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Campbell Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farming 1

11. Industry or business 9

FATHER
12. Name Henry Luehrs
13. Birthplace Unknown (City, town, or county) USA (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Rehmhill
15. Birthplace Unknown (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Mrs. Alvina Fehr

(b) Address Seib Station

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St Charles Mo

18. (a) Signature of funeral director H. C. Hallmeyer Hamilton

(b) Address St Charles Mo

19. (a) 11/24/39 (Date received local registrar) (b) Clarence G. Hessler (Registrar's signature)

CORONER'S — MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23rd year 1939 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from — Held inquest, 19__, to 11-24-39, 19__; that I last saw h— alive on —, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture of 6th cervicle vertebrae - as a result of being accidentaly	
Due to run over by farm wagon drawn by team of mules,	
Due to which became frightened by hunters shots and ran	✓
Other conditions away. (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy no -

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 Nov. 22nd 1939 —

(c) Where did injury occur? 11 miles south - St. Charles Mo. (City or town) (County) (State)

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

While at work? Yes (e) Means of injury ✓ 4

23. Signature John H Buse (M. Dror other) Coroner

Address St. Charles Co. Mo. Date signed 11/24/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.