

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9318**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 32 Gast Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 0
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 32 Gast Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Cordelia R. Luedinghaus

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Luedinghaus 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Febr. 12 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>0</u>	hr. _____ min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name August Reiderhaus 0

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Apple

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Luedinghaus

(b) Address 32 Gast Pl.

17. (a) Burial (b) Date thereof 11-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 13 1940 (b) J. B. Budech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1940 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from DEC. 14,
1936, to NOV. 12, 1940;
that I last saw h. ER. alive on Nov. 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS
Duration ABOUT ONE YR.

Due to _____
Due to _____
Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings: Of operations NO
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) NO
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? SA Van der Veen (c) Means of injury _____
23. Signature SA Van der Veen (M. D. or other) M. D.
Address 8313 HALLS FERRY RD CITY Date signed 11/13/40

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

8-31-13
9-12-2013
Haller Funeral Home
PA

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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, fact should be so stated above.