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FILED JAN 13 1941

State File No.

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 335

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days.
(Specify whether years, months or days) 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town St. Thomas,
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Henry John Lueckenhoff

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 Mrs. Lucie Lueckenhoff 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Dec. 5, 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Koeltztown, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Banker

11. Industry or business Banking.

12. Name Joseph Lueckenhoff

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

14. Maiden name Anna Loehner

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

16. (a) Informant Frank Lueckenhoff

(b) Address St. Thomas, Missouri

17. (a) Burial (b) Date thereof Dec. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Thomas, Mo.

18. (a) Signature of funeral director John F. Heinich

(b) Address Jefferson City, Mo.

19. (a) 12-20-40 (b) Sub Beaford
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-11-1940 to 12-16-1940; that I last saw him alive on 12-16-1940 and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar pneumonia, bilateral 9 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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)

(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? (e) Means of injury

23. Signature Sub Beaford (M. D. or other)

Address Jeff City Date signed 12/16/40

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

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..... *Albert E. White*

Licensed Embalmer No. *4168*

P. O. Address..... *713 E. 21st St.
J. P. City*

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.