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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4796

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1044

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

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: 709 South Skinker (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Wellston (If outside city or town limits write "RURAL") NURO

(d) Street No.: 6119 Fields Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME: Theodore Conrad Luechau

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Ella Schaal

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

7. Birth date of deceased: November (Month) 4 (Day) 1888 (Year)

8. AGE: Years 52 | Months 2 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Charles (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Millwork

11. Industry or business: American Car & Foundry

FATHER
12. Name: Henry Conrad Luechau
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Sophie Wilkie
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: William Luechau
(b) Address: 2816 Union - St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 1-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Johns Cem. St. Charles

18. (a) Signature of funeral director: H. C. Dallmeyer & Sons Co.
(b) Address: 800 N. Second, St. Charles, Mo.

19. (a) FEB 1 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28 year 1941 hour 10 minute P M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured legs, fractured pelvis, fractured back, when he jumped from the 10th floor of the Verseilles Apartments about 10.00 o'clock P.M., January 28, 1941. SUICIDE.

Duration

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____

Of autopsy: ____

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): Suicide
(b) Date of occurrence: 1-28-1941
(c) Where did injury occur? St. Louis, Mo. (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: Alfred Berry (M. D. or other)
Address: Deputy Coroner Date signed: 2/1/41

(Licensed Embalmer's Statement on Reverse Side)

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.

Embalmed at St Charles

Signed John E. Dallmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles Mo

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

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