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K23159

STANDARD CERTIFICATE OF DEATH

Turn 15120  
State File No. ....

Registration District No. 533 Primary Registration District No. 3027 Registrar's No. 42

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Macon  
(c) Name of hospital or institution: 312 Graham Ave. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME

Wilhelmina Caroline Luechauer

3. (b) If veteran, name war none

3. (c) Social Security No. none

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

6. (b) Name of husband or wife D. Louis Luechauer (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Feb 5 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation house keeper

11. Industry or business John H. Langermeier

12. Name John H. Langermeier

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

14. Maiden name Stueben Droege

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

16. (a) Informant Mrs S Harley Nichols

(b) Address Macon Mo

17. (a) Removal (b) Date thereof Apr 28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

Place of burial or cremation St Charles Mo

18. (a) Name of funeral director Albert Skurmer  
(b) Address Macon Mo

19. (a) 5/28/41 (b) Seedorf  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon  
(c) City or town St. Charles 3  
807 N. Benton Ave.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 312 Graham Ave. 2  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1941 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from April 13, 1941, to April 25, 1941, that I last saw her alive on April 25, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to Cerebral thrombosis 5 days

Due to Arterio-sclerosis cerebral 5 or 6 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \$7.00

Of autopsy \_\_\_\_\_

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? 476

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J F Turner (M. D. or other) M.D.  
Address Macon, Mo Date signed 4-26-41

Duration  
5 days  
13 days  
5 or 6 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

Copy to be kept in the office of the registrar

RECEIVED

District Health Officer No. 10

District File Number 5-41-887

Date Filed MAY - 8 1941

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..... *Joseph H. Hile* .....

Licensed Embalmer No. 4566 .....

P. O. Address..... *Macon* .....

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Macon } ss.

State File No. 15120

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 3rd day of November, 1942, before me appears Mrs. H.E. Nichols, who, upon her oath, states that the original record of ~~birth~~ death for Caroline Luechau, ~~born~~ died April 25th, 1941, in the State of Missouri, and which was filed at Macon on 5/8, 1941, should be corrected as follows:

Item No. 2a should read Caroline Wilhelmina Luechau

Instead of " " " "

Item No. 6b should read D. Louis Luechau

Instead of unknown

Item No. 12 should read John H. Lanvermeier

Instead of H. Luechau

Item No. 14 should read Droege

Instead of unknown

Item No. 15 should read Germany

Instead of unknown

Item No. 2b should read St. Charles

Instead of Macon

Item No. 2c should read St. Charles

Instead of Macon

Item No. 2d should read 807 N. Benton Ave.,

Instead of 302 N. Jackson St.

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Mrs. Harley Nichols daughter  
Relationship: Relationship.

620 N. Rubey Street, Macon, Mo.

Present Address.

Subscribed and sworn to before me this 7 day of Nov, 1942

My Commission expires

Aug 13 '43 Fora B. Junkler  
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

