

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19917

FILED JUL 21 1941  
791

Primary Registration District No. 1003

Registrar's No. 4729

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Alexian Brothers Hospital  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100  
(c) City or town St. Louis, Mo. 1715  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4419a Tennessee Ave. 9  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THEODORE J. LUENSMANN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-05-360

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

6. (b) Name of husband or wife Dont know. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 13 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 -- 22 hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business \_\_\_\_\_

12. Name Theodore J. Luensmann

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

14. Maiden name Henrietta Brunts

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

16. (a) Informant Loretta Hyla

(b) Address 4419a Tennessee Ave.

17. (a) Burial (b) Date thereof June 9, 1941.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director J. N. Ebban, Jr. & Co.  
(b) Address 2842 Meramec St.

19. (a) JUN 6 1941 (b) J. W. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th  
year 1941 hour 6:20 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 5 to June 6 1941.  
that I last saw him alive on June 5 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure  
myocarditis chronic  
Due to Hypertension  
Due to \_\_\_\_\_

Other conditions 93d  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 93d  
Of autopsy 93d

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 J. Hayden (M. D. or other) M.D.  
Address 5879 Delmar Date signed 6/6/41

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

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**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 *Robert T. Sebbin*

Licensed Embalmer No. 4144  
2842 Meramec St.  
P. O. Address St. Louis, Mo.

**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.**