

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 28 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16387

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4382

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DePaul Hospital 0
(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 **Henry Luedinghaus**

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

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**6. (b) Name of husband or wife **Cornelia Luedinghaus** 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased **Nov. 7 1860**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
81 6 11 hr. min.9. Birthplace **St. Louis Mo.** 0
(City, town, or county) (State or foreign country)10. Usual occupation **Executive**11. Industry or business **St. Louis S. M. Co.**12. Name **Henry Kuedinghaus** 4
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)14. Maiden name **Johanna Ahrensmaier**15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)16. (a) Informant **Herbert Luedinghaus**(b) Address **32 Gast Pl.**17. (a) **Burial** (b) Date thereof **2-20-42**
(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) **MAY 19 1942** (b) **J. F. Bricek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **32 Gast Place**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18**
year **1942** hour **10:45** minute **50** A. M.21. I hereby certify that I attended the deceased from **May 12,**
1942 to **May 18,** 1942that I last saw him alive on **May 19,** 1942

and that death occurred on the date and hour stated above

Immediate cause of death **Coronary sclerosis**Due to **Chronic myocarditis** 6 days

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

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?
(Specify type of place)

While at work?..... (a) Means of injury.....

23. Signature **Arthur Sweeney** (M. D. or other) **M.D.**Address **2202 University** Date signed **5/19/42**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

12-2
22-2 Blumweaver

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. Carr
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.

2B
8-41
27852

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4382

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: De Paul 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)

3. (a) PRINT FULL NAME Henry Luedinghaus
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof 5-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) SEP 29 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 18, year 1942 hour _____ minute _____ 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 _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

MOTHER FATHER

1942
S-16387