V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28205 0

State File No.

Registration District No. 784 Primary Registration District No. 208 Registrar's No. 1649

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town PASADENA PARK
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Edgewood Retreat 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3146 Hawthorne
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mr. Henry F. Luehrmann

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 2

6. (b) Name of husband or wife Emma Schleusner Luehrmann 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 25, 1858
(Month) (Day) (Year)

8. AGE: Years 83 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Minden (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Retired General Contractor

11. Industry or business Building

FATHER
12. Name [illegible]
13. Birthplace [illegible] (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name [illegible]
15. Birthplace [illegible] (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. C. F. Pralle
(b) Address 3146 Hawthorne

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) AUG 12 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1942 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-13, 1942 to 8-11, 1942
that I last saw him alive on 2-11, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	8 da
Due to Arterio sclerosis (general)	10 yrs
Due to	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	8 yrs

Major findings:
Of operations 93 0
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)
(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 Geo H Klinkerfuss (M. D. or other) MD
Address 340 Bermuda Ave Date signed 8-12-42

101

(Licensed Embalmer's Statement on Reverse Side)

Dr. G. H. Klinkerfus
340 Bermuda
EV. 4940
8-10

7600 Florissant Rd.
2 blocks west

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.