

S. No. 2
A-5-54
6-1-1943
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29057

State File No.

Registrar's No.

Registration District No. 278

Primary Registration District No. 3054

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: 701 9th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 17 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No. 701 9th St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE AUGUST LUTHER

3. (b) If veteran, name war L

3. (c) Social Security No. 490-05-3015

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Leda Luther

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

7. Birth date of deceased Sept 12 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 6

If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Salesman

11. Industry or business _____

MOTHER FATHER

12. Name Adam L. Luther

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

14. Maiden name Caroline Dietz

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

16. (a) Informant Mrs. A. Luther

(b) Address Louisiana Mo.

17. (a) Removal (b) Date thereof July 19 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy Ill

18. (a) Signature of funeral director Starr & Stern

(b) Address Louisiana Mo.

19. (a) 7/19/43 (b) Gettely Dept
(Date received local registrar) (Registrar's name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1943 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to 94a

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 No

(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?

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

23. Signature W. Smith Coroner
(M. D. or other)

Address Louisiana Mo Date signed 7/18/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 8-43-1426

Date Filed AUG 19 1943

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 J. B. Sterne.....

Licensed Embalmer No. 4039.....

P. O. Address Louisiana, 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.