

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 8027

Registration District No. 313

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO

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

(d) Street No. 1919 So Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clara Louise Luhrmann

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Geo. E. W. Luhrmann

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Feb. 7 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days ----
If less than one day ----- hr. ----- min.

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

10. Usual occupation Pres. Calif/

11. Industry or business Jane Long Fig. Co. Los Angeles,

12. Name John Hy. Trorlecht

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

14. Maiden name Clementine Lobsinger.

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

16. (a) Informant John Feuerbacher.

(b) Address 7556 Byron Pl/

17. (a) burial (b) Date thereof 9-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar B;vd.

19. (a) SEP 9 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1943 hour 6:35 minute P M.

21. I hereby certify that I attended the deceased from July 13, 1943, to Sept 7, 1943,
that I last saw her alive on Sept 7, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess meningitis

Due to WHD

Due to _____

Other conditions mixed tumor of palate
(Include pregnancy within 3 months of death)

Major findings: palate - Malignant
Of operations mixed tumor of hard palate.
Of autopsy Brain abscess -

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

23. Signature M. C. [unclear] HOSPITAL (M. D. or other)
Address _____ Date signed 9-8-43

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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Dr. M.C. Abney
Barnes Hospital
FO-6400

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.

Embalmer filed separately
Signed.....

Licensed Embalmer No.....

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.