

No. 2
-5-43
-17-39
X26671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 22 1943

STANDARD CERTIFICATE OF DEATH

40184

Registration District No. _____

Primary Registration District No. _____

State File No. _____

Registrar's No. **11022**

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:
5832 Tholozan Ave. /
(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 **Dora Belle Luethge**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George C. Luethge** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **Jan 21 1881**
(Month) (Day) (Year)

8. AGE: Years **62** Months **10** Days **19**
 If less than one day _____ hr. _____ min.

9. Birthplace **Mt. Vernon Ill. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

MOTHER FATHER

11. Industry or business _____

12. Name **George Lambert**

13. Birthplace **Ill. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Pittman**

15. Birthplace **Tenn. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **George C. Luethge**

(b) Address **3916 Gustine Ave.**

17. (a) **Burial** (b) Date thereof **12-13-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **DEC 13 1943** (b) **J. F. Bedeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **12/6**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3916 Gustine Ave.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No).
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec. 10** day _____
 year **1943** hour **10** minute **55** P. M.

21. I hereby certify that I attended the deceased from **9-9-43** to **12-10-43**

that I last saw h. **ER** alive on **12-9-43**, 19 _____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **MALIGNANT PAPILLARY SEROUS CYSTADENOMA OF OVARY WITH GENERALIZED ABDOMINAL METASTASIS**

Due to _____

Due to _____

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

Major findings: **SAME AS ABOVE**
 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? _____

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

23. Signature **Kobakowski MD** (M. D. or other) **M.D.**
 Address **3720 Washington** Date signed **12-14-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3720 Mackinac
1.30 to 5

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 Albert A. Longen

Licensed Embalmer No. 4237

P. O. Address 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.