

Registration District No. **218** 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:
3500 Sullivan 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 Edna Luehrmann

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female / race white

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased February 19 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>11</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name August F. W. Luehrmann

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

14. Maiden name Mary Lange

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

16. (a) Informant Irvin F. Luehrmann

(b) Address 3500 Sullivan ave

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof Feb-14-44
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla mausoleum

18. (a) Signature of funeral director A. Ron L. U. Co.

(b) Address 2707 S. Grand St.

19. (a) FEB 17 1944 (Date received local registrar)

J. J. Brudsch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 3500 Sullivan ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 year 1944 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from April 13th 1944 to Feb 11th 1944 that I last saw her alive on Feb 10th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Spinal Carcinomatosis</u>	
<u>Pulmonary Carcinomatosis</u>	
Due to <u>Carcinoma of Breast (Rt)</u>	<u>April 15, 1942</u>
Due to _____	
Other conditions <u>none</u> <small>(Include pregnancy within 3 months of death)</small>	

PHYSICIAN

Major findings: Carcinoma of breast April 15, 1942

Of operations _____

Of autopsy none

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place)

(e) Means of injury no

23. Signature Henry L. Kern (M. D. or other) M.D.

Address 518 N. Grand Date signed 3/11/44

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

V E Morris

Licensed Embalmer No.

3360

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.