S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5827

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2016

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: 1018 GIMBLIN / 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 2 Yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 12

(c) City or town ST LOUIS CITY 8 (If outside city or town limits, write "RURAL")

(d) Street No. 1018 GIMBLIN ST. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME LOUISE TORLUEMKE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife HENRY TORLUEMKE

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

7. Birth date of deceased JAN. (Month) 14 (Day) 1850 (Year)

8. AGE: Years 94 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name UNKNOWN LOHOEFENER
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name UN KNOWN
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant 1018 Gimblin St.

(b) Address Olinda Fehner

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 1 1944 (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM CEM.

18. (a) Signature of funeral director Diedrich FUNERAL HOME

(b) Address 8319 Halls Ferry Rd.

19. (a) FEB 29 1944 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27 year 1944 hour minute 6 A. M.

21. I hereby certify that I attended the deceased from Jan 7, 1944, to February 27, 1944, that I last saw her alive on January 31, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	yrs +
Cardiac Failure	
Due to Senility	age 94
Vascular Arteriosis	
Due to Sclerosis	yrs +
Other conditions NONE (Include pregnancy within 3 months of death)	

Major findings: Of operations —

Of autopsy NO

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 0

23. Signature F. J. Hellwing (M. D. ~~or other~~)

Address 8321 No Bdway Date signed 2/29/44.

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.