

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1944
77

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34056

State File No.

Registrar's No. 226

Registration District No. 77

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County... Cole

(b) City or town... Jefferson City - Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution... St Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 14 days
(Specify whether)

In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Osage

(c) City or town... Frederick - Mo
(If outside city or town limits, write "RURAL")

(d) Street No...
(If rural, give location)

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

3. (a) PRINT FULL NAME... Charles Bernard Luethkemyer

3. (b) If veteran, name war... WORLD WAR I

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... 10 day... 9
year... 1944 hour... 8 minute... 55 A.M.

4. Sex... ma

5. Color or race... W

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

6. (b) Name of husband or wife... Pasiline Luethkemyer

6. (c) Age of husband or wife if alive... 47 years

7. Birth date of deceased... May 14 - 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from... Dec 7 1944 to... Oct 9 1944
and that death occurred on the date and hour stated above.

8. AGE: Years... 55 Months... 4 Days... 25
If less than one day hr. min.

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

10. Usual occupation... Dentist

Immediate cause of death... Myocardium disease

Due to... coronary atherosclerosis

Due to... pulmonary embolism thrombus

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

11. Industry or business.....

12. Name... Anton Luethkemyer

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

14. Maiden name... Anna Massman

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

Major findings: Of operations... abd.

Of autopsy.....

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

16. (a) Informant... Mrs C. B. Luethkemyer

(b) Address... Frederick

17. (a) Burial (b) Date thereof... 10-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Frederick

18. (a) Signature of funeral director... Clyde Boston

(b) Address... Linn Mo

19. (a) 10-11-44 (b) Pharma Richter
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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... W. DeWain (M. D. or other)
Address... JEFFERSON CITY, MO. Date signed... 10-11-44

41
1/30/44

877

4761 92 120
OCT 26 1944

DEC 30 1944

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 10-18-44

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.