S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5233
State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 887

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2800 CHERRY STREET. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community LIFETIME (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 11. 78
(c) City or town KANSAS CITY.
(If outside city or town limits, write "RURAL")
(d) Street No. 2800 CHERRY STREET. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 6
If yes, name country 0

3. (a) PRINT FULL NAME MRS. THERESA AMELIA LUETH.
3. (b) If veteran, name war NO
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~~ MR. CHARLES LUETH.
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased FEB. (Month) 23. (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
78 ~~80~~	11	28	hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation ---
11. Industry or business AT HOME
FATHER 12. Name WILLIAM F. HOELZEN
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ERNESTINE. HAMPEL
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Mr Henry Luth
(b) Address 2806 Cherry
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director O. H. Newcomer Sons
(b) Address 1401 - BRUSH CREEK BLVD
19. (a) 2-23-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 21st. year 1945 hour 3. minute 25A M.
21. I hereby certify that I attended the deceased from October 15, 1944, to Feb 21, 1945, that I last saw her alive on Feb 18, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to Arteriosclerosis and hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
Of autopsy	

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 Joseph E. Walker (M. D. ~~or other~~) M.D.
Address 836 Prof. Bldg. Date signed 2/22/45.
Kansas City 6, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Unofficial Copy

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 Emile W. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. 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.