

FILED APR 24 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13994

State File No.

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington

(c) Name of hospital or institution: Bloom St

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 60 yrs

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Lafayette

(c) City or town Lexington

(If outside city or town limits, write "RURAL")

(d) Street No. Bloom St

(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME AUGUST W. LUERE

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUL day 24

year 1947 hour 10 minute 40 P. M.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Christina Muller

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

7. Birth date of deceased: Dec 17 1861

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2 One Cal 19 to 19

that I last saw him alive on May 24 1947

and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 3 Days 7

If less than one day hr. min.

Immediate cause of death: Cerebral hemorrhage

Due to: Pulmonary Cardiac Paralysis

Due to:

9. Birthplace: Germany

(City, town, or county) (State or foreign country)

10. Usual occupation: Retired merchant

Other conditions:

(Include pregnancy within 3 months of death)

11. Industry or business:

12. Name: Not known

13. Birthplace: Germany

(City, town, or county) (State or foreign country)

14. Maiden name: Sophie Jung

15. Birthplace: Germany

(City, town, or county) (State or foreign country)

Major findings: Of operations: 1556

Of autopsy:

16. (a) Informant: Mrs Ed Redwicker

(b) Address: Lexington MO

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

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) Burial (b) Date thereof: 3-29-47

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Napoleon MO

18. (a) Signature of funeral director: August W Luere

(b) Address: Lexington MO

(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:

19. (a) 10 April 47 (b) August W Luere

(Date reported local registrar) (Registrar's signature)

23. Signature: [Signature] (M. D. or other)

Address: Lexington MO Date signed: 3/25/47

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

14
3
2

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-23-47

Pay-Me

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 *Leo McKeon*

Licensed Embalmer No. 2983

P. O. Address *Luxington, 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.