No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2789

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 374

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: 3500 Sullivan avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 3500 Sullivan ave 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: Elmer A. Luehrmann

3. (b) If veteran, name war: World War 1

3. (c) Social Security No.

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: September (Month) 16 (Day) 1897 ~~898~~ (Year)

8. AGE: Years 49 50 | Months 3 | Days 25 | If less than one day hr. min.

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

10. Usual occupation: Manager Jobbing dept.

11. Industry or business: General Mills, Inc.

12. Name of father: A. F. W. Luehrmann

13. Birthplace of father: Illinois (City, town, or county) (State or foreign country)

14. Maiden name of mother: Mary Lange

15. Birthplace of mother: Champaigne (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Mary Luehrmannn

(b) Address: 3500 Sullivan ave

(a) burial (Burial, cremation, or removal) (b) Date thereof: Jan. 14. 48 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Mausoleum

18. (a) Signature of funeral director: A. Krow Hall Co

(b) Address: 2707 N. Grand Blv'd.

(a) JAN 13 1948 (Date received local registrar) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1948 hour 5 minute 10 a. M.

21. I hereby certify that I attended the deceased from Dec. 9 1947, to Dec. 15 1947; that I last saw him alive on Dec. 15 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to

Due to

Other conditions: Overweight
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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

23. Signature: John A. Wartwig (M. D. or other) MD

Address: 2807 N. Grand Date signed 1/12/48

Jefferson City Printing Co.

(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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis, 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.

Be

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 374

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Elmer A Luehrmann, ~~died~~/born Jan. 11 – , 1948 in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read Sept. 16 – 1897
Instead of 1898

Item No. 8 should read age 50 – 3 – 25
Instead of 49 – 3 – 25

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

~~X~~Affiant Mary Luehrmann Inf.
Relationship.

3500 Sullivan
Present Address.

Subscribed and sworn to before me this 29 day of Jan, 1948

My Commission expires 3-4-49.

Ella C. Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
I X36667

S-2789-1948