

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16504

State File No. _____

57
2
0

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

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TROY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TROY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>In her home</u>		d. STREET ADDRESS (If rural, give location) <u>Troy Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALMA</u> b. (Middle) <u>FLORENTINE</u> c. (Last) <u>LUELF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 9 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 2 1887</u>
9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>F.C. Winter</u>		13b. MOTHER'S MAIDEN NAME <u>Florentine Feigenbaum</u>	
13c. NAME OF HUSBAND OR WIFE <u>Herman August Luefl</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Herman August Luefl</u>		ADDRESS <u>Troy Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mysocarditis + Endocarditis</u> (b) <u>Hypertrophy of heart</u> (c) <u>Edema of lungs + body.</u> INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>422</u>	
19a. DATE OF OPERATION <u>L</u>		19b. MAJOR FINDINGS OF OPERATION <u>L</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>L</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>L</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>March 24 1947</u> , to <u>May 9 1949</u> , that I last saw the deceased alive on <u>May 7 1949</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>John H. Ryan</u> (Registrar or title)		23b. ADDRESS <u>Warrenton Mo.</u>	
23c. DATE SIGNED <u>5-11-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 11 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Troy Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u>	
25. ADDRESS <u>Troy Mo</u>		26. DATE REC'D BY LOCAL REG. <u>May 14 - 1949</u>	
26. REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		26. REGISTRAR'S SIGNATURE <u>Wayne Mc Coy</u>	

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 23 1949

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.....

Student Embalmer No.

working under my personal supervision.

Signed..... *Wayne McCoy*

Licensed Embalmer No. *3582*

Signed.....
Student Embalmer

P. O. Address *Tracy 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.