

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16966**

FILED MAY 19 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		9 ✓	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>325 N. Benton Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>325 N. Benton Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Luechau</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 22, 1880</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>9</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Luechau</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Wilke</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Schlenker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-09-3075</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mildred Luechau St. Charles, 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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				DUE TO (b) <u>Essential Hypertension ?</u>			
*Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Angina Pectoris</u>			<u>2 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>4201</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>17 Oct, 1946</u> , to <u>1 May, 1949</u> , that I last saw the deceased alive on <u>30 Apr., 1949</u> , and that death occurred at <u>6:55 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>314 N. Main St. Charles, Mo.</u>		23c. DATE SIGNED <u>3 May 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles Mo.</u>		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>284</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Haekmann - Bauer, Inc. St. Charles, Mo.</u>			

RECEIVED

District Health Officer No. 9,

District File Number

MAY 18 1949

Date Filed

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

Frederic W. Bane

Signed

Student Embalmer

Licensed Embalmer No.

4607

P. O. Address

Dr. Charles W.

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.