

FILED FEB 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7168**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **404**

1. PLACE OF DEATH a. COUNTY St. Louis Nazareth Conv. Cent.		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Lemay		c. CITY (If outside corporate limits, write RURAL and give township) Lemay	
c. LENGTH OF STAY (in this place) years		d. STREET ADDRESS (If rural, give location) R. 11 - Box 376	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nazareth Conv. Cent.			

3. NAME OF DECEASED a. (First) Sister Flaviana Luennemann b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Feb. 13 1950		
---	--	--	---	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE - U	8. DATE OF BIRTH Oct. 30, 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	---	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) Waterloo, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
--	--	---	--	--	--	--	--

13a. FATHER'S NAME Albert Luennemann		13b. MOTHER'S MAIDEN NAME Anna B. Brisenlow		14. NAME OF HUSBAND OR WIFE			
--	--	---	--	-----------------------------	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Sister Louis Bertrand		ADDRESS	
---	--	--	--	---	--	---------	--

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, asthenia, 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) Carcinoma of left breast			DUPLICATE			2 years		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Recurrent Metastases			6 months		
			DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

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) 170X	
--	--	--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Dec 49**, 19**49**, to **Feb 13**, 19**50**, that I last saw the deceased alive on **Feb 13**, 19**50**, and that death occurred at **5 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE George A. O'Sullivan M.D. (Degree or title)		23b. ADDRESS 421 N. Schuermeyer		23c. DATE SIGNED 2-14-50	
--	--	---	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb. 15-50		24c. NAME OF CEMETERY OR CHAPEL Nazareth		24d. LOCATION (City, town, or county) (State) Lemay, Mo	
--	--	--------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. FEB 15 1950		REGISTRAR'S SIGNATURE Herbert L. Blank M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER G.L. Co		ADDRESS 7814 S. BROADWAY	
--	--	---	--	---	--	------------------------------------	--

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

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.

Student
Student Embalmer

Signed

Linus C. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address

7814 S Broadway

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.

fo