

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13658

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give town or township) St Charles		c. CITY (If outside corporate limits, write RURAL and give township) 1923	
c. LENGTH OF STAY (in this place) 80 yrs		d. STREET ADDRESS (If rural, give location) 710 Washington Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 710 Washington.			

3. NAME OF DECEASED (Type or Print) a. (First) Alwina b. (Middle) Luerding c. (Last) Luerding			4. DATE OF DEATH (Month) (Day) (Year) April 8 1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 24 1870	9. AGE (In years) (If UNDER 1 YEAR: Months Days; If UNDER 4 HRS: Hours Mins.) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) St Charles County Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman Heitgerd		13b. MOTHER'S MAIDEN NAME Louise Kruse		14. NAME OF HUSBAND OR WIFE Herman Luerding	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Herman Luerding ADDRESS 710 Washington	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Compensation 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Vascular Decompenstion 2 yrs DUE TO (c) Ben. Arterio sclerotic 10 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221			INTERVAL BETWEEN ONSET AND DEATH
---	--	---	--	--	----------------------------------

19a. DATE OF OPERATION Aug 24 1950		19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction		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)		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 **Aug 9, 1950**, to **April 8, 1951**, that I last saw the deceased alive on **April 8, 1951**, and that death occurred at **7:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE A. Parich Schulz M.D. (Degree or title)		23b. ADDRESS St Charles Mo.		23c. DATE SIGNED 4/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 10 1951		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	
				24d. LOCATION (City, town, or county) (State) St Charles Mo.	

DATE REC'D BY LOCAL REG. 4-9-51		REGISTRAR'S SIGNATURE Norme Hunselton 284		25. FUNERAL DIRECTOR'S SIGNATURE Warkmann - Paul St Charles Mo. ADDRESS	
--	--	--	--	--	--

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

923
1

RECEIVED

APR 18 1951

DISTRICT HEALTH OFFICE No. 4

File No. _____

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 Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address St Charles 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.