

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35349  
318  
PRIMARY REG. DIST. NO. 1003  
Registrar's No. 9374

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2019			
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospital				/d. STREET ADDRESS (If rural, give location) 6146 Tennessee					
3. NAME OF DECEASED (Type or Print) William F. Luehm			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Oct. 22, 1951		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 10, 1882	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours		IF UNDER 1 HR. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Hyland, Illinois		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Luehm			13b. MOTHER'S MAIDEN NAME Anna Rubin			14. NAME OF HUSBAND OR WIFE Elizabeth Luehm			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Luehm		ADDRESS 6146 Tenn.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastrointestinal Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Peptic ulcer - duodenal</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>2 weeks?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>St. Louis, Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>10/24/51</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>54101</u>					
22. I hereby certify that I attended the deceased from <u>9/30/51</u> , 19 <u>51</u> , to <u>10/22/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/24/51</u> , 19 <u>51</u> , and that death occurred at <u>3a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J.A. Meyers</u>			(Degree or title) <u>Med. D.</u>			23b. ADDRESS <u>539 N. Grand</u>		23c. DATE SIGNED <u>10/22/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct 24 1951</u>		REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>		ADDRESS <u>6322 S. Grand Blvd.</u>		

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

Dr/ Wm. C. Weinsberg  
3606 Gravois Ave.  
Si. 2959  
2 to 4 p.m.

*Meyers - H*

**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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*David J. Tossan*

Licensed Embalmer No. *4242*

P. O. Address *6322 So. Missouri*

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.