

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40058

State File No.

No. 300
10.48

FILED DEC 8 - 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3836

1. PLACE OF DEATH a. COUNTY <p align="center">Saint Louis</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">St Louis</p>	
b. CITY OR TOWN <p align="center">Clayton</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Vinita Park</p>	
c. LENGTH OF STAY (in this place) <p align="center">D.O.A.</p>		d. STREET ADDRESS (If rural, give location) <p align="center">8240 St Charles Road</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">St. Louis Co. Hosp.</p>			

3. NAME OF DECEASED (Type or Print) <p align="center">Hans Von Luternau</p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">11/27/51</p>		
5. SEX <p align="center">M</p>		6. COLOR OR RACE <p align="center">W</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Widowed</p>	
8. DATE OF BIRTH <p align="center">12/1/74</p>		9. AGE (In years last birthday) <p align="center">76</p>		IF UNDER 1 YEAR Months Days <p align="center">11 26</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Maintenance man</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Evg. Orphans Hm.</p>		11. BIRTHPLACE (State or foreign country) <p align="center">Tiffin, Ohio</p>	
12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>					

13a. FATHER'S NAME <p align="center">? Von Luternau</p>		13b. MOTHER'S MAIDEN NAME <p align="center">? ?</p>		14. NAME OF HUSBAND OR WIFE <p align="center">Emma Conrath Dec'd 1940</p>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">?</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">Fred Wilson, 1034 Oak View</p>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <p align="center">unk</p>
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"/>	
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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) <p align="center">7955 (COUNTY)</p>	
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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?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">Robert A. Somke</p> Local Registrar Vital Statistics		(Degree or title) <p align="center">9</p>		23b. ADDRESS <p align="center">651 Brentwood Clayton Mo.</p>		23c. DATE SIGNED <p align="center">11-28-51</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Removal</p>		24b. DATE <p align="center">11/29/51</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Elmwood Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Freeburg, Ill.</p>	
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DATE REC'D BY LOCAL REG. <p align="center">11-28-51</p>		REGISTRAR'S SIGNATURE <p align="center">Robert A. Somke, M.D.</p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p align="center">Robert J. Ambruster, Inc. 6633 Clayton</p>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-002

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.....

Ernest W. Spillers

Licensed Embalmer No.....

4080

P. O. Address.....

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.