

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39856

No. 300
10.48

FILED DEC 13 1952

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 250

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

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</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. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville 0920</u>	
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>		d. STREET ADDRESS (if rural, give location) <u>3 1/2 mi North West</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Louise</u> (Middle) <u>Katherine</u> (Last) <u>Luetkemeyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 6 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 18 1879</u>
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>5</u> DAYS <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewifery</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>New Meme Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Luetkemeyer</u>	
13b. MOTHER'S MAIDEN NAME <u>Louise C. Wenke</u>		14. NAME OF HUSBAND OR WIFE <u>- - - - -</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Otto Weiderschulte</u>		ADDRESS <u>Mexico 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism - coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture right hip</u>	
19a. DATE OF OPERATION <u>Nov 26 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck right femur 1952</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>3 1/2 mi Wentzville</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Charles St Charles Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOV 19 52 3 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell from back of wagon</u>		22. I hereby certify that I attended the deceased from <u>Nov 21 19 52 to Dec 6 19 52</u> and that death occurred at <u>6:10 P</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Innocentia Schmeider MD</u> (Degree or title)		23b. ADDRESS <u>St Charles Mo</u>	
23c. DATE SIGNED <u>Dec 6 52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>Dec 8 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wentzville MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Pitman</u>	
DATE REC'D BY LOCAL REG. <u>Dec 8 1952</u>		ADDRESS <u>Funeral Home Wentzville MO</u>	

DEC 31 1957

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 Annetta M. Pittman

Signed _____
Student Embalmer

Licensed Embalmer No. 3055

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.