

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9231**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **305K** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. CITY St. Charles					
b. CITY OR TOWN St. Charles		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 141 Lindenwood Ave.				e. STREET ADDRESS (If rural, give location) 141 Lindenwood Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) R c. (Last) Luetkemeyer			4. DATE OF DEATH (Month) (Day) (Year) March 26 1955						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 24, 1880			
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter		11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S. A.			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY American Car. Co.		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Rudolph Luetkemeyer			13b. MOTHER'S MAIDEN NAME Minnie Bollmann		14. NAME OF HUSBAND OR WIFE Caroline Frinnp				
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. 487 01 6894		17. INFORMANT'S SIGNATURE OR NAME Mrs. Caroline Luetkemeyer ADDRESS St. Charles Mo.					
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) Coronary infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease 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 5 min. 5 yrs.	
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)					
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 8-12-49 , 19___, to 3-26 , 19 55 that I last saw the deceased alive on 3-26 , 19 55 , and that death occurred at 5 a. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Ed Lauerer M.D.				23b. ADDRESS 114 N. Main St., St. Chas. Mo.		23c. DATE SIGNED 3-26-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 29, 1955		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.			
DATE REC'D BY LOCAL REG. March 28 1955		REGISTRAR'S SIGNATURE Fannie Hamilton 284-U		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Bunn St. Charles Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 9 1956

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.....
Signature of Student Embalmer

Signed *Clarence M. Bello*.....

Licensed Embalmer No. *4375*.....

P. O. Address *St. Charles*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.