

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012751  
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 880

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Lemay</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lemay</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>720 Reed Avenue</b>	Length of stay in lb <b>19 yrs.</b>	d. STREET ADDRESS <b>720 Reed Avenue</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>George A Luedde</b>			4. DATE OF DEATH Month Day Year <b>March 27, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 30, 1873</b>	9. AGE (In years less birthday) <b>84</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brewery Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brewery</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Joseph Luedde</b>		13b. MOTHER'S MAIDEN NAME <b>Lydia Kaltwasser</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Cecelia Maurer Luedde</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-07-5540A</b>	17. INFORMANT Address <b>Mr. Mill G. Luedde, 3723a Dunnica Avenue</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Infermitias</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Arteriosclerosis</b>		
DUE TO (c) <b>Cardiovascular disease</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>422.1</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>2</b>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		STATE

21. I attended the deceased from **Jan 1955** to **March 1958** and last saw her alive on **March 22 1958**  
Death occurred at **10:00 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Thorburn A. Luttrell M.D.</b>	22b. ADDRESS <b>20005 Bueary</b>	22c. DATE SIGNED <b>3/27/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>March 29, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Keystone Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Jacob, Illinois</b>
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24. FUNERAL DIRECTOR <b>Beiderwieden F.H. Inc. 1936 St. Louis</b>	25. DATE RECD. BY LOCAL REG. <b>3-28-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert P. Danke M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

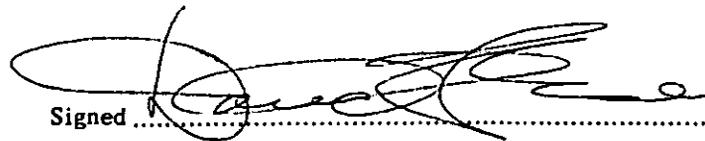
All diseases in Part I must be causally related.

Pa. 6-4700

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  \_\_\_\_\_

Licensed Embalmer No. 41520

P. O. Address St. Louis

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.