

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030593

AUG 18 1959

2 7298

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>6 days</b>	c. CITY OR TOWN <b>St. Louis</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>St. Louis - Little Rock Hospitals Inc.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4135 Flora Place</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Frederick</b> Middle <b>(Fred)</b> Last <b>Mathew Luth</b>			4. DATE OF DEATH Month <b>August</b> Day <b>5</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 18-1887</b>
9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor - Fred M. Luth &amp; Sons, Inc.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis, Mo.</b>	11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>Fred L. Luth</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Collignon</b>	14. NAME OF HUSBAND OR WIFE <b>Hazel L. Luth</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>495-32-9623</b>	17. INFORMANT Address <b>Frederick J. Luth 4970 Lindenwood</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>FRacture Left Femur and Radius</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7-30-59</b>
DUE TO (b) <b>PNEUMONIA - Bilateral</b>			<b>8-3-59</b>
DUE TO (c) <b>HYPERTENSIVE HEART DISEASE - CHRONIC</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>FELL from a tractor at farm.</b>	
20c. TIME OF INJURY Hour <b>1</b> p.m. Month, Day, Year <b>7-30-59</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>FARM</b>		
20e. CITY, TOWN, OR LOCATION <b>Old Monroe - Lincoln Mo</b>		20f. COUNTY STATE <b>Old Monroe - Lincoln - Mo</b>	
21. I attended the deceased from <b>July 30, 1959</b> to <b>Aug 5, 1959</b> and last saw her/him alive on <b>Aug-5-1959</b> Death occurred at <b>5 A.M</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Joseph A. Lembeck, M.D.</b>		22b. ADDRESS <b>1755 So grand</b>	22c. DATE SIGNED <b>8-5-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-8-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
24. FUNERAL DIRECTOR <b>Krieghauser 4228 S. Kingshighway</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 6 '59</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m. j. 13.

**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 R. W. Stovesand

Licensed Embalmer No. 4007

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