MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2863

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 442

Township ..... Primary Registration District No. 1002 Registered No. 442

City St. Louis (No. 3433 S. Compton Avenue St. ..... Ward)

2. FULL NAME Theresa Luning.

(a) Residence. No. 3433 S. Compton Avenue St. 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anton Luning

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22. 1861.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	--	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena, Ills.

PARENTS

10. NAME OF FATHER Thomas Hellstern.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Anton T. Luning
(Address) 3433 S. Compton Avenue.

15. FILED JAN 23 1927 19 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH 1/11

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1927, to Jan 11, 1927 that I last saw her alive on Jan 11 1927, and that death occurred, on the date stated above, at 3 30 p m. 3:33 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
93C 101A
(duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chr. myocarditis
? (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) Eugene A Vogel M. D
Jan 12, 1927 (Address) 3132 Cherokee

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cemetery
DATE OF BURIAL Jan. 14 1927

20. UNDERTAKER J H Gebhardt L and M. Co
ADDRESS 2842 Meramec

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.