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

Do not use this space.

28719

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. St. Johns Hosp. St. ..... Ward)

File No. .....

Registered No. 8260

2. FULL NAME Herman A. Lueking

(a) Residence. No. 1404 Mullanphy St., 26 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 - 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	5	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teaming Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER H. A. Lueking

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

12. MAIDEN NAME OF MOTHER Anna Souk Know

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

14. INFORMANT Clara Lueking
(Address) 1404 Mullanphy St

15. FILED SEP 17 1927 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14th 1927

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1926, to September 14, 1927, that I last saw him alive on Sept 14th, 1927, and that death occurred, on the date stated above, at 9 16 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar Pneumonia

87B

1010

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Paralysis Agitans

(duration) 2 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? Symptoms and Signs

(Signed) A. P. Munsch, M. D

Sept. 16, 1927 (Address) 306 Humboldt Bldg.

*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	DATE OF BURIAL
Valhalla Mausoleum	Sept 17 1927

20. UNDERTAKER	ADDRESS
Hy Leidner Und Co	1417 N. Market St.

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.