

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

Do not use this space.

34319

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **3543 So. Jefferson**) St. _____ Ward _____

File No. _____
Registered No. **9670**
St. _____ Ward _____

2. FULL NAME

Frederick V. Luedtke
(a) Residence. No. **3543 So. Jefferson** St., **24** Ward. _____
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 9 - 1930**

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

17. I HEREBY CERTIFY, That I attended deceased from **6-1-** 1930, to **10-9-** 1930 that I last saw him alive on **10-6-** 1930, and that death occurred, on the date stated above, at **8:25 a.** m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 11-1848**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 **5** **28**

Carcinoma (Stomach)
1 1/2 (duration) yrs. **5** mos. **9** ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Club Office**
(b) General nature of industry, business, or establishment in which employed (or employer) **Concordia Pub.**
(c) Name of employer **House**

CONTRIBUTORY (SECONDARY) **None**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____

20. WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Cluesel**
(Signed) **Chm. J. B. H.**, M. D.

10/9, 1930 (Address) **3519 Webster**

*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 **Our Redeemer, Cem.** DATE OF BURIAL **10-11-1930**

20. UNDERTAKER **Ziegenbein Bros. 2623 Chesapeake**

9. BIRTHPLACE (CITY OR TOWN) **German**
(STATE OR COUNTRY)

10. NAME OF FATHER **Unknown**

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

12. MAIDEN NAME OF MOTHER **Louisa Schopp**

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

14. INFORMANT **Louisa Schopp**
(Address) **3326 Ohio Ave.**

15. FILED **11**, 19 **Mar 6** Starkoff REGISTERED

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

