SEP 15 1936

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

Do not use this space.

791
1003
32535
File No.
Registered No. 8367

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. 1516 Destrehan St. St. Ward)
Registration District No. 1003
Primary Registration District No.

2. FULL NAME Herman Henry Luker

(a) Residence, No. 1516 Destrehan St. 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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Bertha Luker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26, 1871

7. AGE: Years 65 | Months 4 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Worden, Ill.

FATHER

13. NAME: Anton Luker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Anna Finke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Son (Carl Luker) 1516 Destrehan St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem Cem. DATE Aug. 13 1936

19. UNDERTAKER (ADDRESS) Mueger-Von-Fox Inc. 5402 No. Kingshighway

20. FILED AUG 12 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
No Physician in attendance.	
Arterio -cardio-renal Syndrome	
Arteriosclerosis	
Chr. Myocarditis,	
Other contributory causes of importance: Chr. Nephritis, Senility.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold F. Schulz M. Dr
(Address) 2 [illegible]

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.

WRITE LEGIBLY, WITH STRONG INK. THIS IS A PERMANENT RECORD