WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

OCT 5 1936

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 35597

Township ..... Primary Registration District No. 1003 Registered No. 9208

City St. Louis, Mo. (No. 4461, Ashland Ave. St. ..... Ward)

2. FULL NAME Robert Nelson Lueking

(a) Residence, No. 4461 Ashland Ave. St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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 Minnie H. Lueking

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6th. 1870

7. AGE: YEARS 65 MONTHS 9 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Herman F. Lueking
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Anna K. Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Minnie Lueking 4461 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns DATE 9/7/36 19

19. UNDERTAKER (ADDRESS) Provost Und. Co. 3710 N. Gland Blvd.

20. FILED SEP 5 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1936, to Sept 4, 1936

I last saw him alive on Sept 4, 1936. Death is said to have occurred on the date stated above, at 4 a. m.

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

Acute Indigestion Results of eating tainted food — Date of onset

Other contributory causes of importance: My cardiitis chronic

Name of operation none Date of —

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur? no (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) L. F. Greeker, M. D.

(Address) 2901 N Newstead

I X7294