

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.

OCT 14 1937

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

791

32887
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. City Infirmary. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Henry Luecker
5800 Arsenal St.
(a) Residence, No. St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Anna
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18th, 1864.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 ? 2 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) About 1927 X
11. Total time (years) spent in this occupation 60 Yrs

12. BIRTHPLACE (CITY OR TOWN) Port Hudson
(STATE OR COUNTRY) Missouri.

FATHER
13. NAME Frederick Luecker
14. BIRTHPLACE (CITY OR TOWN) Un. known.
(STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Germany

17. INFORMANT E. Molony,
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
-PLACE Rosebud, Mo. DATE Sept. 26th 19 37

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED SEP 24 1937
J. J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1937 to September 24, 1937
I last saw him alive on September 24, 1937 Death is said to have occurred on the date stated above, at 11:23 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Bronchopneumonia

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Chlorine 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) Henry J. Glosch M. D.
(Address) 5600 Arsenal St.

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No. 3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)