

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33092

Do not use this space.

9146

Registered No.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** St.
 (e) Length of residence in city or town where death occurred **72** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emil Luedke,

(a) Residence, No. **5800 Arsenal St.** St. **B**
 (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) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 21, 1865**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Butcher**
 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) **X** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

13. NAME **Julius Luedke**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

15. MAIDEN NAME **Phylimina Wetzel**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis U.** DATE **9-28-1937**

19. FUNERAL DIRECTOR (ADDRESS) **W Richter 3502 Butler St**

20. FILE **SEP 29 1937** **J. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 28, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **January 7, 1937 to September 28, 1937**
 I last saw him alive on **September 28, 1937** Death is said to have occurred on the date stated above, at **5:20m. A.M.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Arterio sclerosis

Other contributory causes of importance:

Name of operation **none** Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

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. Block** M. D.
 (Address) **5440 Arsenal**

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____, L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)