

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

33134

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1008**
(b) Township Primary Registration District No. Registered No. **9188**
(c) City **St. Louis, Mo.** (d) Street No. **BARNES HOSPITAL** 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **5221 KENSINGTON** St. **12**
(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 **ANNIE RUPPEL LUECKE**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 27 1870**
7. AGE YEARS **67** MONTHS **2** DAYS **0** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Green**
9. Industry or business in which work was done, as 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) **GERMANY**

13. NAME **UNKNOWN LUECKE**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT (ADDRESS) **MRS. ANNIE LUECKE 5221 KENSINGTON AVE**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** DATE **OCT 1 1937**

19. FUNERAL DIRECTOR (ADDRESS) **LAWRENCE MULLEN 515 DELMAR BLVD.**

20. FILED **SEP 30 1937** **J. Predeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/27 1937**

22. I HEREBY CERTIFY, That I attended deceased from **9-23 1937** to **9-28 1937**
I last saw him alive on **9-28 1937**. Death is said to have occurred on the date stated above, at **7:10 a.m.**
The principal cause of death and related causes of importance were as follows:

Encephalitis, epidemic, acute.
lymphosarcoma Pringle
station cervical lymph node
53E

Other contributory causes of importance:
Arteriosclerosis, general

Name of operation **(Brain)** Date of
What test confirmed diagnosis? **(E.P.)** 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? **No**
If so, specify
(Signed) **Paul S. Bell** M. D.
(Address) **BARNES HOSPITAL**

Mr. McEl

STATEMENT BY LICENSED EMBALMER

I, Howard F. Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
L. E.

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

working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

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.)