

REC'D APR 17 1938

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

9333

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City City St. Louis. (d) Street No. 4541 Michigan Ave. Registered No. **2922**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME Herman A. Luecken 250

(a) Residence, No. 4541 Michigan Ave. St. **15** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Luecken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sheet Metal
9. Industry or business in which work was done, as saw mill, bank, etc. Ret. 5yrs.
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

FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Anna Luecken
(ADDRESS) 4541 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wanset Burial Pk. DATE Mar. 30, 1938

19. FUNERAL DIRECTOR J. H. Gebken & Co
(ADDRESS) 2842 Jerome St.

20. FILED J. D. Bredack
MAR 29 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1937, to March 27, 1938.
I last saw him alive on March 27, 1938. Death is said to have occurred on the date stated above, at 3AM m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1 year

Other contributory causes of importance:

acute Emphysema12 daysName of operation None Date ofWhat test confirmed diagnosis? None 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) Julius Otto Koller, M. D.(Address) 2603 Chesnut St.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken....., Licensed Embalmer No. 2120
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 Herman A. Gebken
..... Licensed Embalmer No. 2120

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.)