

REC'D JUN 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17794  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 570  
 (c) City St. Joseph (d) Street No. 220 W. Louis 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 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Bernard Lueger 269

(a) Residence, No. 220 W. Louis St.  (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 Katheryn E. Lueger  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1875  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 7 12  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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 Lambert Lueger  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany  
 MOTHER 15. MAIDEN NAME Josephine Alberding  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany  
 17. INFORMANT Mrs. Katheryn Lueger  
 (ADDRESS) 220 W. Louis, St. Joseph, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1938  
 22. I HEREBY CERTIFY, That I viewed deceased from 5-28-38, 1938, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Mitral Insufficiency Date of onset 92  
 Other contributory causes of importance: None  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Histology 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) W. Tadlock-Coyne M. D.  
 (Address) King Hill Bldg. 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cem. DATE May 30, 1938  
 19. FUNERAL DIRECTOR Liberty Funeral Chapel  
 (ADDRESS) 6100 King Hill Ave., St. Joseph  
 20. FILED 5/30 38 St. Joseph  
Health Registrar

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.

10320.134

STATEMENT BY LICENSED EMBALMER

I, Bernard H. Frank, Licensed Embalmer No. 3782

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 Bernard H. Frank

Licensed Embalmer No. 3782

**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.)**