

1938 DEC 12 1938

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

37164

Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **5071 Maple Ave.** 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.

Registered No. **9491**

2. PRINT FULL NAME

136 Edward Luft
(a) Residence, No. **5071 Maple Ave.** 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) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lena Luft**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 17th, 1859**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 12
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Tinner**
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) **Missouri**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT (ADDRESS) **Oliver L. Luft**
5434 Goethe Ave18. BURIAL, CREMATION, OR REMOVAL **Memorial Park Cem. DATE Nov. 1st, 1938**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wrethman Ward**
1905 Union Blvd20. FILE NO. **NOV 1 1938** **J. T. Predeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 29th, 1938**22. I HEREBY CERTIFY, That I attended deceased from **Sept 5, 1937, to Oct 29, 1938**I last saw him alive on **Oct 29, 1938**. Death is said to have occurred on the date stated above, at **9:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Chr. myocarditisDate of onset **1937**Other contributory causes of importance: **arterio-sclerosis ?**Name 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) **Edwin P. Meiner**, M. D.(Address) **6600 Delmar**

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1-3 7-8 p.m.
No 5042

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *R M Sanford*

Licensed Embalmer No. *7373*

P. O. Address *St Louis*

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.)

If this body is not embalmed, above space should be left blank.