REC'D MAR 9 1939

13 1939

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

7844
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 115 — Registered No. 255
(c) City or Township University City
(d) Street No. 753 Westgate 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 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 38 yrs. mos. ds.

2. PRINT FULL NAME Sam Lugger
(a) Residence, No. 753 Westgate St.
(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 Celia Lugger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 5 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Restaurateur
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) Roumania

FATHER
13. NAME Moses Hyman Lugger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania

MOTHER
15. MAIDEN NAME Helen Sacks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania

17. INFORMANT Mrs. Celia Lugger
(ADDRESS) 753 Westgate

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 2/13 1939

19. FUNERAL DIRECTOR (NAME) H. B. Berger
(ADDRESS) 4715 McPherson

20. FILED FEB 13 1939 1939 R. R. Meyer M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to Feb. 12, 1939
I last saw him alive on JAN 20, 1939. Death is said to have occurred on the date stated above, at 11:00 A.M.
The principal cause of death and related causes of importance were as follows:

Cancer of lung, right — Date of onset 7-1937

Other contributory causes of importance: Pneumonia and cachexia — Date of onset Aug 1938

Name of operation ..... Date of .....
What test confirmed diagnosis? Biopsy 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) Vernon E. Michael, M. D.
(Address) 506 Olive

(Licensed Embalmer's Statement on Reverse Side)

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

Herbert L. Berger, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1597

P. O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)**

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