REG'D JUN 12 1939

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

17045
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 4579

(c) City St. Louis (d) Street No. St. John's 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 352 Lucia Luyties Luedinghaus,

(a) Residence, No. 7570 Oxford Drive, St. NR Clayton, Mo.
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widow |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur E. Luedinghaus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875-10-8

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 63 | 7 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

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 O

FATHER

13. NAME D. Reinhard Luties

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME Anna Reuyter 6

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Helene Luyties
(ADDRESS) 7570 Oxford Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 5/17/39, 19

19. FUNERAL DIRECTOR Robert J. Ambruster
(ADDRESS) Clayton Rd. at Concordia Lane

20. FILED MAY 19 1939 J. B. Bradley (Deputy Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1938, to May 18th, 1939
I last saw her alive on May 18th, 1939 Death is said to have occurred on the date stated above, at 4.45 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic Stenosis etiology unknown | ? |
| Left Ventricular Hypertrophy | |
| Myocardial Insufficiency | |
| ~~Hypertension~~ | |
| Cardiac Decompensation | Oct 1938 |

Other contributory causes of importance:
Hypertension.

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) John J. Hammond, M. D.
(Address) Missouri Theater Bldg.,

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MVR-2-37 1 X12004

## STATEMENT BY LICENSED EMBALMER

I, Edward H. Bockhorst, Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Edward H. Bockhorst

Licensed Embalmer No. 2502

**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.)**