

STANDARD CERTIFICATE OF DEATH

State File No. 19983

FILED JUL 21 1941 791

1003

Registrar's No. 4795

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....**St. Louis**
(b) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2632 Shenandoah Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Mo.** (b) County.....**000**
(c) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No.....**2632 Shenandoah Ave.**
(If rural, give location)
(e) Citizen of foreign country?.....**0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME.....**Emma Luecke**

3. (b) If veteran..... name war..... 3. (c) Social Security No.....

4. Sex.....**Female** 5. Color or race.....**White** 6. (a) Single, widowed, married, divorced.....**Widowed**

6. (b) Name of husband or wife.....**Louis Luecke** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....**Sept. 21 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 8 18 hr. min.

9. Birthplace.....**St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Housewife**

11. Industry or business.....

12. Name.....**William Schuetz**

13. Birthplace.....**Germany**
(City, town, or county) (State or foreign country)

14. Maiden name.....**Catherine Jahn**

15. Birthplace.....**Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Wm. L. Luecke**

(b) Address.....**2632 Shenandoah**

17. (a) **Burial** (b) Date thereof.....**6-11-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Valhalla Cem.**

18. (a) Signature of funeral director.....**Drehmann-Harral**

(b) Address.....**1905 Union Blvd.**

19. (a) (Date received local registrar)..... (b) **J. F. Brubaker**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**June** day.....**9**
year.....**1941** hour.....**5** minute.....**A. M.**

21. I hereby certify that I attended the deceased from.....**Oct. 9, 1939**
19..... to.....**June 7th, 1941**
that I last saw her alive on.....**June 7th, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death.....**Myocarditis (Acute)**
caused by chronic myocarditis Duration.....**8 Mos.**

Due to.....**Arteriosclerosis** 2 yrs.

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....**None**
Of autopsy.....**None**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature.....**John W. Macdonald** M.D. or other
Address.....**1539 N. Grand** Date signed.....**6-7-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Remboldt 1361
10-122-3-2*

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 Sargent*

Licensed Embalmer No..... *2273*

P. O. Address..... *Stacey*

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, fact should be so stated above.