

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: 7911
(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution: 4416 Holly Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 3 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4416 Holly Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Luecht
3. (b) If veteran, name war None
3. (c) Social Security No. 192*16-8020

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Marie Luecht
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July 8 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 1

9. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

10. Usual occupation Proprietor, Retired

11. Industry or business Bakery

MOTHER FATHER

12. Name Fredrick Luecht
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Frank Luecht
(b) Address 4416 Holly Ave. St. Louis, Mo

17. (a) Burial (b) Date thereof Apr. 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton City Cemetery, Alton, Ill.

18. (a) Signature of funeral director Robert H. Streepfer
(b) Address 2521 Edwards St. Alton, Ill

19. (a) APR 10 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Jan 1 - 1942 to April 9, 1942 that I last saw him alive on April 9, 1942 and that death occurred on the date and hour stated above

Immediate cause of death

Due to Chronic hypoxemia 2 yrs

Due to Atherosclerosis 5 yrs
General

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (a) Means of injury

23. Signature J. F. Bredeck (M. D. or other)
Address 411 W. Flourens St. Date signed 4/10/42

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

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.....

Robert H. Streger....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert H. Streger*.....
Licensed Embalmer No..... *2474*.....
P. O. Address..... *Alton, Ill.*.....

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.