

FILED APR 17 1942 791

Registration District No.

1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3542 Magnolia
(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 Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3542 Magnolia
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... D

3. (a) PRINT FULL NAME John Henry Luezing

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Mary Luezing 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased December 14, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 21 hr. min.

9. Birthplace Gossau Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Machinist
Retired

11. Industry or business

12. Name Melchior Luezing
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Rosina Zwicki
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Luezing
(b) Address 3542 Magnolia

17. (a) Burial (b) Date thereof 4/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)
Valhalla Cemetery
(c) Place: burial or cremation

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) APP 6 1942 (b) J. F. Bricker
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1942 hour 9.00 A.M. minute..... M.

21. I hereby certify that I attended the deceased from Dec 14
1941 to April 4, 1942
that I last saw him alive on April 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with generalized metastases
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

Duration

4 MO

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?

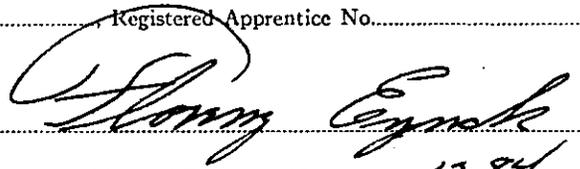
While at work?..... (Specify type of place) (e) Means of injury 0

23. Signature J. F. Bricker (M. D. or other) MD
Address 1703 S Grand Date signed 4-6-42

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.....



Licensed Embalmer No. 1284

P. O. Address. St. Louis, Mo.

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.