

FILED MAY 7 1942

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 3659

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Childrens Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME LLOYD DEAN KUEKER

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 19 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 7 4 hr. min.

9. Birthplace Evansville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Clarence Kueker  
13. Birthplace Evansville Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ruth Heumen  
15. Birthplace Evansville Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Kueker  
(b) Address Evansville Ill.

17. (a) Removal (b) Date thereof 4/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville Ill.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) ADD 24 1942 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph  
(c) City or town Evansville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23  
year 1942 hour 12:10 minute P M.

21. I hereby certify that I attended the deceased from April 21 1942 to April 23 1942  
that I last saw him alive on April 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Partial obstruction of lungs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 114 hr

Major findings: Of operations \_\_\_\_\_  
Of autopsy atelectatic areas in lungs  
Edema of lungs Pericardial congestion  
of heart & spleen

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 J. F. Brudeck (M. D. or other) \_\_\_\_\_  
Address 200 So. Perry Date signed \_\_\_\_\_

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

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**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.....

*J. G. Sullivan*

Licensed Embalmer No. 1122

P. O. Address.....

**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.**