

FILED MAY 18 1942

Registration District No. 784

Primary Registration District No. 202

Registrar's No. 1049

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town Belnor.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7956 Natural Bridge  
(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 St. Louis.  
(c) City or town Belnor  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7956 Natural Bridge  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Clara Lueking

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Late Herman Lueking 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 14 1869  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1942 hour 4:30 A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Dec 1937 to May 11 1942  
that I last saw her alive on May 11 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
72 7 27 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

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

12. Name John Yaeger  
13. Birthplace Germany. (City, town, or county) (State or foreign country)  
14. Maiden name Grumme  
15. Birthplace Germany. (City, town, or county) (State or foreign country)

16. (a) Informant Lester Lueking  
(b) Address 7956 Natural Bridge

17. (a) Burial (b) Date thereof 5-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAY 12 1942 (Date received local registrar)  
(b) C. H. McCarroll (Registrar's signature)

Immediate cause of death \_\_\_\_\_

Due to Oxyphobic terminal Bronchopneumonia  
Due to Chronic Myocarditis Pleuritis & pericarditis  
Other conditions hypertension  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy none 93d

Duration

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?

23. Signature W. W. Moore M.D. (M. D. or other) W.D.  
Address 730 Natural Bridge Date signed 5-11-42

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

MOTHER FATHER

Dr Wm. E. Moore  
7301 Natural Bridge

**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..... *John P. Buchholz* .....  
Licensed Embalmer No. *1674* .....  
P. O. Address. *2323 St. Louis Ave* .....

**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.