

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Account # 41974

State File No.

FILED JAN 15 1943
Registration District No. 784

Primary Registration District No. 2nd

Registrar's No. 2770

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Saint Louis, Missouri.
(c) Name of hospital or institution: 9920 Berwick Dr. Affton Mo.
(d) Length of stay: In hospital or institution: _____
In this community: _____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: _____
(c) City or town: Saint Louis, Co. Missouri.
(d) Street No.: 9920 Berwick Dr. Affton Mo.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME: Minnie Lueke,
(b) If veteran, name war: _____
(c) Social Security No.: None

20. DATE OF DEATH: Month December day 25th,
year 1942. hour 9 minute 45 P. M.

4. Sex: Female 5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed.
(b) Name of husband or wife: Edward Lueke
(c) Age of husband or wife if alive in years: _____
7. Birth date of deceased: February 22nd, 1870.

21. I hereby certify that I attended the deceased from December 21, 1942 to Dec 25 1942 that I last saw her alive on Dec 25 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 10 Days 3
If less than one day: _____ hr. _____ min.

Immediate cause of death: due to carcinoma of cervix metastases of lungs.
Due to: Following carcinoma of the cervix of 22 years or more standing.

9. Birthplace: Saint Louis, Missouri.
10. Usual occupation: House-Wife

Other conditions: _____
(Include pregnancy within 3 months of death)

11. Industry or business: _____
12. Name: August Tohn
13. Birthplace: Unknown Germany
14. Maiden name: Unknown
15. Birthplace: Unknown Germany

Major findings: _____
Of operations: _____
Of autopsy: _____

16. (a) Informant: Wess H. Guade
(b) Address: 9920 Berwick Dr. Affton Mo.
17. (a) Burial (b) Date thereof: December 28, 1942
(c) Place: burial or cremation: Sunset Burial Park

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director: August Tohn
(b) Address: 6408 Gravois Ave.
19. (a) DEC 30 1942 (b) S. McParry

While at work? _____
Means of injury: _____
23. Signature: August J. Wittwer (M. D. or other) _____
Address: 5946 Normandie Date signed: 12/27/42

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 *Juddie A. Ziegler*
Licensed Embalmer No. *2240*

P. O. Address *6409 Morris*

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.

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