

FILED JAN 19 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 261

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:
5125 So. Kingshighway Blvd.
(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: 000

(a) State Mo. (b) County.....

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5125 So. Kingshighway Blvd.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME Edward P. Luecking

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katie M.D. Luecking

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct. 3rd 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>6</u>	hr. min.

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

10. Usual occupation Real estate and Insurance Operator

11. Industry or business.....

12. Name Henry Luecking

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

14. Maiden name Margaret Eckelmann

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

16. (a) Informant Katie M.D. Luecking

(b) Address 5125 So. Kingshighway Blvd.

17. (a) Burial (b) Date thereof 1-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 11 1943 (Date received local registrar)

J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th
year 1943 hour 1:20 minute P.M. M.

21. I hereby certify that I attended the deceased from Scull Hill
Mo. January 9 1943
that I last saw live on Crummy St. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Arteriosclerosis

Due to Chronic Myocarditis 7 days

Due to Arterio Sclerosis 2 yrs.

Other conditions..... 93
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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 W. J. Stelling (M. D. or other) 1/10/43

Address 4724 Groves Date signed

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

MOTHER FATHER

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 *Edwin M. Perreault*
Licensed Embalmer No. *3024*
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.