

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

FILED **AUG 18 1943**
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yr. 6mo. 26 ds
In this community 32 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Matilda Lueders

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

4. Sex female **5. Color or race** white **6. (a) Single, widowed, married, divorced, single** single

6. (b) Name of husband or wife none **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased Dec. 6, 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>8</u>	<u>3</u>	hr. min.

9. Birthplace Pinckneyville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

12. Name Mrs. Lueders

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

14. Maiden name Minnie Huth

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

16. (a) Informant Thelma Singler

(b) Address 5300 Armand

17. (a) Burial **(b) Date thereof** Aug. 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pinckneyville, Illinois

18. (a) Signature of funeral director Ziegenhain Bros.

(b) Address 6409 Gravois Ave.

19. (a) AUG 10 1943 **(b) J. F. Beedeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 713
(If outside city or town limits, write "RURAL")

(d) Street No. 5300 Armand St.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th,
year 1943 hour 5.55 a. minute _____ M.

21. I hereby certify that I attended the deceased from 1-13-40
_____ 19 _____ to _____ 19 _____
that I last saw her alive on 8-8-43 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia
7-29-43

Idiotic Epilepsyl940x

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ **(Specify type of place)** _____

(g) Means of injury _____

23. Signature Anthony K. Berch **(M. D. or other)**

Address 5300 Armand **Date signed** 8/9/43

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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

V.E. Morris

Licensed Embalmer No. **3360**

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.