

FILED DEC 15 1944

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No.

10473

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5224 Idaho Ave.,
(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)

3. (a) PRINT FULL NAME John H. Luecken, Sr.,

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-03-7750

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Johanna, 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased June 9, 1889 (Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cashier,

11. Industry or business National Candy Co.,

MOTHER FATHER { 12. Name Herman Luecken,
13. Birthplace Holland, (City, town, or county) (State or foreign country)
14. Maiden name Mary Hertlein,
15. Birthplace Belleville, Illinois, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Johanna Luecken,
(b) Address 5224 Idaho Ave.,

17. (a) Burial, (b) Date thereof 12/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary,
(b) Address 2842 Meramec St.,

19. (a) DEC 8 1944 (b) J. J. Bedek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis,
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5224 Idaho Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th
year 1944 hour 11: minute 04 A.M.

21. I hereby certify that I attended the deceased from Aug 1942 to Dec 7, 1944
that I last saw him alive on Dec 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death General carcinoma of the
esophagus,
carcinoma,
Due to _____
Due to _____

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) (e) Means of injury _____

23. Signature M. J. Bulham (M. D. or other) _____
Address 6072 Grand Date signed 12/9/44

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

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis, Mo.

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.