

FILED JAN 25 1945 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 372

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:  
St. John's Hosp.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Ellen E. Luedecke

3. (b) If veteran, name war None 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 Charles Luedecke 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 22, 1877  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>20</u>	hr. min.

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

10. Usual occupation At Home

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

MOTHER FATHER

12. Name Martin Fitzpatrick

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

14. Maiden name Ellen McDonald

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

16. (a) Informant Mrs. Martha Berg

(b) Address 4859 Lee Ave.

17. (a) Burial (b) Date thereof 1/16/45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) JAN 14 1945 (b) J. F. Bredeek  
 (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. 4859 Lee 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 Jan. day 12  
 year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Jan 6, 1945, to Jan 12, 1945  
 that I last saw her alive on Jan 12, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia 7 days

Due to 9 30 AM

Other conditions Hypertension 8 yrs  
Cardio vascular disease

Major findings: Cardio vascular disease

Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) [Signature]  
 Address 4126 S Shrew Date signed 1/13/45

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

Dr. Carl Lindeman  
4126<sup>a</sup> Street  
1-3<sup>20</sup>

---

---

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

*Frank A. Marie*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

**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.**