

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2793

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:
3634 Montana St.,
(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:

(a) State Missouri, (b) County 000

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

(d) Street No. 3634 Montana St.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Lueken,

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th
year 1946 hour 1: minute 15 P.M.

4. Sex Female, 5. Color or race White,

6. (a) Single, widowed, married, Divorced Widowed,

6. (b) Name of husband or wife Herman A. Lueken, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 2, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 24-46
_____ 1946, to March 24, 1946
that I last saw her alive on March 24, 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>3</u>	<u>22</u>	_____ hr. _____ min.

Immediate cause of death Chronic Myocarditis
Arterio Sclerosis

Due to _____

Due to _____

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

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

10. Usual occupation At Home,

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Koch,

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

14. Maiden name Don't Know,

15. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Lueken,
(b) Address 3634 Montana St.,

17. (a) Burial, _____ (b) Date thereof 3/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park,

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

19. (a) MAR 25 1948 J. F. Brudek
(Date received) (Registrar's signature)

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 Frank James MD, (M, D, or other)
Address 3924 3rd and Reno Date signed 3/25/46

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

11381

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 *Loren B. Percy*.....

Licensed Embalmer No..... 4094

P. O. Address..... 2842 Meramec St.,
St. Louis, Mo. (18)

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.