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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAR 19 1947 STANDARD CERTIFICATE OF DEATH

11863

State File No. _____
Registrar's No. 520

Registration District No. 317 Primary Registration District No. 3064

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ferguson
(c) Name of hospital or institution:
136 N. Clay Ave.
(d) Length of stay: In hospital or institution _____
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(d) Street No. 136 N. Clay Ave.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Edward J. Lueckerath
(b) If veteran, name war --- (c) Social Security No. 490-20-9213
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 9, 1924

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 5 year 1947 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from May 1st, 1942 to 3-5-47 that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
22 8 24 _____ hr. _____ min.

Immediate cause of death Acute Peritonitis Duration 3 days
Due to 44 lb
Due to Hodgkin's disease 4 1/2 yrs

9. Birthplace: Ferguson Missouri

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

10. Usual occupation Draftsman

11. Industry or business Wabash Railway

MOTHER, FATHER { 12. Name J. William Lueckerath
13. Birthplace St. Louis Missouri
14. Maiden name Anna E. Lueckerath
15. Birthplace Bismark, Missouri

PHYSICIAN
Major findings: none
Of operations: _____
Of autopsy: none
Underline the cause to which death should be charged statistically.

16. (a) Informant J. William Lueckerath
(b) Address 236 N. Clay Ave.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof 3/8/47
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Missouri
19. (a) 3-11-47 (b) Robt. J. Allen, M.D.

23. Signature Ray Johnson (M. D. or other) _____
Address Ferguson MO Date signed 3/7/47

MAR 19 1947

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 *Larry W. White*

Licensed Embalmer No. *3943*

P. O. Address. *Bergman, Md*

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.