

6. 2
/47
7-39

6673

FILED MAR 15 1948 318

Registration District No. Primary Registration District No. 1003

Registrar's No. 2396

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:
1963 Semple 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 6 1963 Semple Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME George Luedecker

3. (b) If veteran, name war.....

3. (c) Social Security No. 489-12-2473

4. Sex male 5. Color or race white

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 Mar. 19 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7
year 1948 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from no., 19 47 to March 7, 19 47
that I last saw him alive on March 7, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma Duration 1 mo.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>11</u>	<u>18</u> hr. min.

Due to.....

Due to.....

Other conditions.....
(include pregnancy within 3 months of death)

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

10. Usual occupation Watchman

11. Industry or business Rankin School

12. Name Ferdinand Luedecker

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

14. Maiden name Christine Briedter

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

PHYSICIAN

Major findings: Gastric Carcinoma

Of operations.....

Of autopsies.....

Underline the cause of which death should be charged statistically.

16. (a) Informant Mrs. Katherine Stecker

(b) Address 1963 Semple Ave.

17. (a) burial (b) Date thereof 3-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAR 9 1948 (b) J. F. Briedter
(Date received local registrar) (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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Thomas J. Hester M.D. or other MD
Address 4500 Olive Date signed 3/9/48

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

MOTHER FATHER

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.....

Albert R. Thompson

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.