S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14895

FILED MAY 15 1948

Registration District No. 329 Primary Registration District No. 3069 Registrar's No. 115-D

96
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital 0
(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 St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1246 Waldron Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Raymond Lueders
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ruth Lueders
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased 10/8/1905 (Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Farmington (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Abbott Laboratories

FATHER
12. Name Ernest Lueders
13. Birthplace Frohna (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Elenore Schliesser
15. Birthplace Ironton (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Theodore P. Lueders
(b) Address 141 Edgar Rd Webster Groves Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery
18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6633 Clayton Rd
19. (a) 5-7-48 (Date received local registrar) (b) Cecil J. Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1948 hour 11.20 minute A M.

21. I hereby certify that I attended the deceased from January 1948 to May 5th 1948, that I last saw him alive on May 5 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Uremia Glomerulonephritis
Due to Glomerulopneyritis
Other conditions (Include pregnancy within 3 months of death) 131 b
Major findings:
Of operations
Of autopsy Confirmed diagnosis
Confirmed diagnosis

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R O Muether (M. D. or other) MD
Address 634 N. Grand Ave R O Muether M D Date signed 5/6/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address.....

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.