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5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27961  
Registrar's No. 7669

Registration District No. 378

Primary Registration District No. 1003

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

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:  
5535 Waterman 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 40 years.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5535 Waterman Ave. 9  
(If rural, give location)  
(e) Citizen of foreign country? NO. 0  
(Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Daisy Lueders  
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 Married

6. (b) Name of husband or wife Leo H. Lueders  
6. (c) Age of husband or wife if 72 years

7. Birth date of deceased February 21, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 6 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name John Withers

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

14. Maiden name Emma Markee

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

16. (a) Informant Mr. Leo H. Lueders

(b) Address 5535 Waterman Ave.

17. (a) burial (b) Date thereof 9/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walhalla Cemetery

18. (a) Signature of funeral director Wagoner Mortuary  
(b) Address 4161 Lindell Blvd.

19. (a) AUG 31 1948 (b) J. F. Braddock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30  
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5/27/48 1948 to Aug 30 1948  
that I last saw him alive on Aug 30 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Carcinoma of Duodenum  
Due to Recurrent Carcinoma of Duodenum  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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 Arthur E. Stouffer (M.D. or other) MD  
Address 539 N. Grand Date signed 8/3/48

Duration 1 yr.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Wm. Strauss  
Humboldt Bldg

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**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..... *J. W. Wilkinson*

Licensed Embalmer No. 3575

P. O. Address. St. Louis Mo

**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.**