

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

10339

2059

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2059</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		17 8		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5101 Page Blvd.</b>				d. STREET ADDRESS (If rural, give location) <b>5101 Page Blvd.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZABETH</b>		b. (Middle) _____		c. (Last) <b>LUECKENHOFF</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3-3-49</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>February 20, 1871</b>		
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>			11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>								
13a. FATHER'S NAME <b>Bernard Lueckenhoff</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Westerman</b>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Laura Richter</b> ADDRESS <b>5067 Page Blvd.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pericious Anaemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>720</b> DUE TO (c) <b>2900</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <b>Jan - 1, 1939</b> to <b>Mar - 3, 1949</b> , that I last saw the deceased alive on <b>Mar 3, 1949</b> and that death occurred at <b>96 mi.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Dr. A. Kuendonski M.D.</b> (Degree or title)				23b. ADDRESS <b>4390 W. Pine St</b>		23c. DATE SIGNED <b>3-4-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-7-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>MAR 4 1949</b>		REGISTRAR'S SIGNATURE <b>J.B. Laster</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>W.A. Stock</b> ADDRESS <b>Mortuary, 2117 E. Grand</b>			

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Frank A. Moore*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E. 1st

**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.