

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29742

State File No. _____

318

1003

7636

FILED SEP 3-1952

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY 2199	
b. CITY OR TOWN St. Louis, Mo. 0		c. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 Hours	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) 9 1112 East Linton Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) Ralph		b. (Middle) F.		c. (Last) Lueke		4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1952	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Sept. 25, 1905	
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Warehouse		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Warehouse		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Frank W. Lueke		13b. MOTHER'S MAIDEN NAME Cornelia Stroher		14. NAME OF HUSBAND OR WIFE Mrs. Margaret M Lueke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 335-01-1913		17. INFORMANT'S SIGNATURE OR NAME Margaret M. Lueke, 1112 East Linton, Ave.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (rt)		INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 30 min.	
		ANCECEDENT CAUSES DUE TO (b) Chronic hypertension		3 yrs?	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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? 331X	

22. I hereby certify that I attended the deceased from 9/20, 1950, to 8/10, 1952, that I last saw the deceased alive on 8/10, 1952, and that death occurred at 8:00P m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Eugene L Arnold M.D.		23b. ADDRESS 8700 Partridge		23c. DATE SIGNED 8/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 8-13-1952		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	
		24d. LOCATION (City, town, or county) St. Louis County, Mo.			

DATE REC'D BY LOCAL REG. AUG 11 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc. 2161 E. Fair Ave.	
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(Licensed Embellisher's Statement on Reverse Side)

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

S. No. 300
v. 10.48

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.

Student
Student Embalmer

Signed Homer W. Jritz

Licensed Embalmer No. 38820

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.