

FILED OCT 1 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **33180**  
 Registrar's No. **8570**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</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 MO</b>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2159</b>		d. STREET ADDRESS (If rural, give location) <b>4250 OREGON</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEXIAN BROS. HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>4250 OREGON</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWIN</b> b. (Middle) _____ c. (Last) <b>LUXEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 11 1952</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 27 1901</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNHAIRER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FOUKE FUR CO</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>PETER LUXEN</b>		13b. MOTHER'S MAIDEN NAME <b>BERTHA MAY</b>		14. NAME OF HUSBAND OR WIFE <b>VIOLA LUXEN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>489-05-1883</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VIOLA LUXEN 4250 OREGON</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>Intestinal obstruction</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> ANTECEDENT CAUSES DUE TO (b) <b>Stricture of small gut in Meumy 6 days</b> DUE TO (c) <b>Congenital opening in Meumy</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Dilated Small Gut</b>				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>Dilated Small Gut greyish</b>			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) _____		21f. HOW DID INJURY OCCUR? <b>5702</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	22. I hereby certify that I attended the deceased from <b>9/6/52</b> to <b>9-11-52</b> , 19 <b>52</b> that I last saw the deceased alive on <b>9-11-52</b> , and that death occurred at <b>10:15 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Thomas R. Kutz</b>		23b. ADDRESS <b>506 Olive St.</b>		23c. DATE SIGNED <b>9-12-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>SEPT. 15 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCYS CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		
DATE REC'D BY LOCAL REG. <b>SEP 12 1952</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Rutz 2906 Gravois</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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Leif Budd*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*3989*

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.