

No. 300
10.48

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37912

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2744

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY (If outside corporate limits, write RURAL and give town or township): Pasadena Hills

c. LENGTH OF STAY (In this place): 6 YEARS

d. FULL NAME OF HOSPITAL OR INSTITUTION: 7320 Country Club

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Pasadena Hills d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location): 7320 Country Club Dr.

3. NAME OF DECEASED (Type or Print)

a. (First): Harry b. (Middle): C. c. (Last): Luecke

4. DATE OF DEATH (Month) (Day) (Year): Oct 22 1953

5. SEX: Male 6. COLOR OR RACE: White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 17 1894 9. AGE (In years last birthday) Months Days: 59

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral Director

10b. KIND OF BUSINESS OR INDUSTRY: Undertaking

11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry C. Luecke 13b. MOTHER'S MAIDEN NAME: Emma Bergmann 14. NAME OF HUSBAND OR WIFE: Agatha Luecke

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.: NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Agatha Luecke 7320 Country Club

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Arteriosclerotic heart disease.

INTERVAL BETWEEN ONSET AND DEATH: don't know.

19a. DATE OF OPERATION: _____ 19b. MAJOR FINDINGS OF OPERATION: _____ 20. AUTOPSY? YES NO

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): 420 D

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute): _____ 21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7-23-53 to 10-22-53, that I last saw the deceased alive on 10-17-53, and that death occurred at 3:40 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Walter H. Swoenemacher 23b. ADDRESS: 1515 St. Louis 23c. DATE SIGNED: 10-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment 24b. DATE: Oct 24/53 24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum 24d. LOCATION (City, town, or county) (State): St. Louis Co.

DATE REC'D BY LOCAL REG: 10/23/53 REGISTRAR'S SIGNATURE: Herbert B. Sommers 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Leidner Funeral Home 2223 St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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

Good

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.....
Signature of Student Embalmer

Signed *John S. Denne*.....
Licensed Embalmer No. *4194*.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.