

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17351**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1195**

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) ARBORE TERRACE		c. CITY OR TOWN ARBORE TERRACE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 7 yrs.		e. STREET ADDRESS (If rural, give location) 3835 Melba Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3835 Melba Place			

3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) Herman c. (Last) Luechtefeld			4. DATE OF DEATH (Month) (Day) (Year) May 25 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 27, 1894	9. AGE (In years last birthday) 61 yrs.	IF UNDER 1 YEAR Months _____ Days _____
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repairman			11. BIRTHPLACE (City and State or Foreign Country) St. Libory, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lillian Luechtefeld (Kurtzabor)	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillian Luechtefeld, 3835 Melba Pl. 20	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. 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) Coronary Arteriosclerosis		3 hours	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		8 years	
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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **May 25, 1955**, to **May 25, 1955**, that I last saw the deceased alive on **May 25, 1955**, and that death occurred at **9:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Jack Zuelner M.D.		23b. ADDRESS 4500 Olive St. St. Louis, Mo.		23c. DATE SIGNED 5-27-55	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE May 28, 1955		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			

DATE REC'D BY LOCAL REG. 5/27/55		REGISTRAR'S SIGNATURE Heckler P. Dombk M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Nat'l. Bridge Blvd. 15	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

State in County

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..... *Ralph E. Jindera*

Licensed Embalmer No...427

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.