

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

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

FILED APR 12 1956

State File No. **11070**
Registrar's No. **3027**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Ferguson	
c. LENGTH OF STAY (In this place) 25 days		d. STREET ADDRESS (If rural, give location) 136 N. Clay Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Lueckerath			4. DATE OF DEATH (Month) (Day) (Year) March 24, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 27, 1889
9. AGE (In years last birthday) 66		10. KIND OF BUSINESS OR INDUSTRY Railway	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Yark Clerk		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John P. Lueckerath		13b. MOTHER'S MAIDEN NAME Caroline Von Loenen	
14. NAME OF HUSBAND OR WIFE Anna E. Lueckerath			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 702-05-1074	
17. INFORMANT'S SIGNATURE OR NAME Anna E. Lueckerath		ADDRESS Ferguson, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum		INTERVAL BETWEEN ONSET AND DEATH 7-6-55	
ANTECEDENT CAUSES Morbidity 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.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		154x	
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? _____			
22. I hereby certify that I attended the deceased from 7-6-1955 , to 3-24-1956 , that I last saw the deceased alive on 3-24-1956 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ray Johnson M.D.		23b. ADDRESS Ferguson Mo	
23c. DATE SIGNED 3-26-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/27/56	
24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. MAR 26 1956		REGISTRAR'S SIGNATURE Carl Smith Mo	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS WHITE CHAPEL, FERGUSON, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

Edmund Poivice

Licensed Embalmer No. 3403

P. O. Address *Jennings, 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.