

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26329

Registrar's No. 6525

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6525	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS:		c. LENGTH OF STAY (In this place) 18 yrs		c. CITY OR TOWN ST. LOUIS:		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 01 4221 SHREVE AVE				e. STREET ADDRESS (If rural, give location) 29 4221 SHREVE AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) MARIA b. (Middle) ----- c. (Last) LUECHT				4. DATE OF DEATH (Month) (Day) (Year) JULY 15 1957			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH DEC 20 1869	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) GERMANY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME UNK SAMBLE			13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE WILLIAM LUECHT		
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. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS A T DONLEY - 200 No FORSYTH 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 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. 420.0				INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
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) m.		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 Jan 5th 1957 to July 5th 1957 that I last saw the deceased alive on July 5th 1957 and that death occurred at m. from the causes and on the date stated above.							
23a. SIGNATURE Francis M. Belmont				23b. ADDRESS 1140 Belmont 7/157		23c. DATE SIGNED 7/157	
24a. BURIAL, CREMATION, REMOVAL		24b. DATE JULY 16/57		24c. NAME OF CEMETERY OR CREMATORY CITY CEM - ALTON ILL.		24d. LOCATION (City, town, or county) (State) ALTON ILLINOIS	
DATE REC'D BY LOCAL REG. JUL 15 57		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. LUPTON & SONS 7233 DELMAR BL.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Francis M. Belmont, M.D.

S.P. (Licensed Embalmer's Statement on Reverse Side)

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**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 *Clarence H. Murr*.....

Licensed Embalmer No. *4011*.....

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.