

Health, Welfare, Public Service
 300
 1-56
 ALL
 diseases in Part I must be casually related.
 Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1958

Registration District No. 318 Primary Registration District No. 1003

STATE FILE NUMBER

3237

993

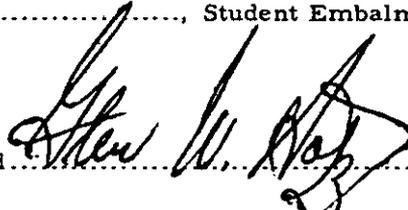
Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Lueker-Henry-Louis</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		a. STATE <i>Mo</i>		b. COUNTY <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo Pacific Hospital</i>		Length of stay in lb <i>13 days</i>		d. STREET ADDRESS (If outside, give location) <i>4249 ATHLONE AVE</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Henry</i> Middle <i>Louis</i> Last <i>Lueker</i>				4. DATE OF DEATH Month <i>1</i> Day <i>25</i> Year <i>58</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>April 18 1887</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Food clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Food clerk</i>		11. BIRTHPLACE (City and state or country) <i>Warden, Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Hardwig Lueker</i>				14. MOTHER'S MAIDEN NAME <i>Caroline Borman</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>Mrs. Catherine Lueker, 4249 Athlone Ave.,</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute pulmonary edema</i> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. } DUE TO (b) <i>cardiac decompensation</i> DUE TO (c) <i>arteriosclerotic heart disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) INTERVAL BETWEEN ONSET AND DEATH <i>6 weeks</i> <i>5 weeks</i> <i>several years</i>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>420.0</i>				
20c. TIME OF INJURY Hour <i>1</i> m. <i>0</i> p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>Jan 12 - 58</i> to <i>Jan 25 - 58</i> and last saw ^{met} him alive on <i>Jan 25 - 58</i> Death occurred at <i>3:25 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Benjamin H. Charles, M.D.</i>				22b. ADDRESS <i>Two Pac. Hospital - St. Louis</i>		22c. DATE SIGNED <i>Jan. 27, 1958</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>1-29-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bellefontaine Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Math Hermann & Son, Inc. 2161 E. Fair</i>			25. DATE RECD. BY LOCAL REG. <i>JAN 27 58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>		

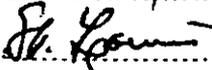
STATEMENT BY LICENSED EMBALMER

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 , Student Embalmer No.

Licensed Embalmer No. 373

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.