

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008394  
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 396

|  |                                  |   |  |  |  |  |   |
|--|----------------------------------|---|--|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Olivette</b>   |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | c. CITY OR TOWN <b>Olivette</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9485 Old Bonhomme Road</b>  |                                  |   | Length of stay in lb <b>6 Yrs.</b>   | d. STREET ADDRESS (If outside, give location) <b>9485 Old Bonhomme Rd.</b>   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Annie</b> Middle <b>Emma</b> Last <b>Luecke</b>  |                                  |   |  | 4. DATE OF DEATH<br>Month <b>Feb</b> Day <b>8</b> Year <b>1958</b>   |  |  |   |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>July 22, 1884</b>   |  | 9. AGE (In years last birthday)<br><b>73</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housework</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>own home</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis Co., Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |   |
| 13. FATHER'S NAME<br><b>George Ruppel</b>  |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Wilhelmina Neuberg</b>  |  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>no</b>  |  | 17. INFORMANT <b>Elizabeth Luecke</b> <sup>Address</sup> <b>9485 Old Bonhomme St. Louis 24 Mo.</b>                                     |  |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute myocardial infarction due</b><br>DUE TO (b) <b>arteriosclerotic coronary thrombosis</b><br>DUE TO (c) <b>arteriosclerotic heart disease</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4200</b> |                                  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Immediate</b><br><b>5 yrs</b><br><b>5 yrs</b> |   |
| 20a. ACCIDENT <input 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.) |  |  |  |   |
| 20c. TIME OF INJURY<br>Hour a. m. p. m.<br>Month, Day, Year  |                                  |   |  |  |  |  |   |
| 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 <b>April 10 1954</b> to <b>2-8-58</b> and last saw her <sup>her</sup> <b>alive on 1-18-58</b><br>Death occurred at <b>7:00</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |  |  |  |   |
| 22a. SIGNATURE<br><b>Stanley M. Wald M.D.</b> (Degree or title)  |                                  |   |  | 22b. ADDRESS<br><b>457 N. Kings Highway</b>  |  | 22c. DATE SIGNED<br><b>2/8/58</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Entombment</b>   |                                  | 23b. DATE<br><b>2-18-58</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla Mausoleum</b>                              |  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis 24, Missouri</b> |  |   |
| 24. FUNERAL DIRECTOR<br><b>Schrader Funeral Home Ballwin Mo.</b> ADDRESS   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>2/8/58</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Herbert R. Dornke M.D.</b>                     |  |   |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc.: most are only stated if a death due to natural causes. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS APR 21 1958

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 *Richard Bopp*.....

Licensed Embalmer No. *45*

P. O. Address *Ballwin*.....

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.