U.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-034465

FILED SEP 22 1958 BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8554

1. PLACE OF DEATH
a. COUNTY: SAINT LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAINT LOUIS
c. LENGTH OF STAY (in this place): 3 MO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUTHERAN HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: MADISON
c. CITY OR TOWN: HAMEL 812
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 32 RURAL ROUTE #2

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): (NONE)
c. (Last): LUEKER

4. DATE OF DEATH (Month) (Day) (Year): SEPT 4, 1958

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 8, 1883
9. AGE (In years last birthday): 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SELF EMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): HAMEL ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: FRED LUEKER
13b. MOTHER'S MAIDEN NAME: HENRIETTA BRAUNDMEYER
14. NAME OF HUSBAND OR WIFE: MAGDALEANE LUEKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): — — — —
16. SOCIAL SECURITY NO.: 344-32-6050
17. INFORMANT'S SIGNATURE OR NAME: MAGDELEANE LUEKER
ADDRESS: HAMEL ILL

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 5 years
DUE TO (c) 332 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Obstruction — 3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/10, 1958, *to* 9/13, 1958, *that I last saw the deceased alive on* 9/3, 1958, *and that death occurred at* 5A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frede Mortensen
(Degree or title): MD
23b. ADDRESS: 3701 Grandel Square
23c. DATE SIGNED: 9/4/58

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9/6/58
24c. NAME OF CEMETERY OR CREMATORY: LUTHERAN - CEM.
24d. LOCATION (City, town, or county) (State): HAMEL ILL.

DATE REC'D BY LOCAL REG.: SEP 4 '58
REGISTRAR'S SIGNATURE: J. Carl Smith MD
MJB
25. FUNERAL DIRECTOR'S SIGNATURE: John Beasley
ADDRESS: East St. Louis Ill.
(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....Not Embalmed....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. .....7.

P. O. Address E. St. Lou

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