

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-046730
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3414

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Florissant		c. CITY OR TOWN Florissant 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #20 Valley Drive		d. STREET ADDRESS (If outside, give location) 20 Valley Drive	
3. NAME OF DECEASED (Type or print) First Henry Middle F Last Lueking		4. DATE OF DEATH Month Dec. Day 28 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 25, 1861
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Relations (retired)		10b. KIND OF BUSINESS OR INDUSTRY Hamilton-Brown	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Herman A. Lueking		14. NAME OF HUSBAND OR WIFE Anna G. Lueking (Deceased)	
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. none	
17. INFORMANT Mrs. Herbert Stein, #20 Valley Drive		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis or hemorrhage (Cerebral vascular accident) DUE TO (b) Generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonitis and dehydration.			INTERVAL BETWEEN ONSET AND DEATH 5 mos.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 August, 1958 to Dec. 28, 1958 and last saw her alive on Dec. 20, 1958 Death occurred at 9:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John Smathers, M.D.		22b. ADDRESS 751 St. Francis, Florissant, Mo.	
22c. DATE SIGNED 12/29/58		23a. BLENDING, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Dec 30, 1958		23c. NAME OF CEMETERY OR CREMATORY St. John's Semetery	
23d. LOCATION (City, town, or country) St. Louis County, Missouri		23e. DATE RECD. BY LOCAL REG. 12-29-58	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc 2161 E. Fair Av		26. REGISTRAR'S SIGNATURE Herbert R. Dombek, M.D.	

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 *Clement W. Neuf*

Licensed Embalmer No. *3732*
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.