

FILED DEC 1 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9682

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3718 A Tennessee  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community 60 years in ST LOUIS  
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME BERTHA LUXEN

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife..... Peter Luxen 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Feb 4th 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>75</u>	<u>14</u>	<u>15</u> hr. min.

9. Birthplace..... Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business..... At Home

12. Name..... Philip May

13. Birthplace..... Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Edwin Luxen

(b) Address..... 3718 A Tennessee Ave.

17. (a) Burial (b) Date thereof..... Nov 20th/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary

18. (a) Signature of funeral director..... Thordutis & Son

(b) Address..... 2906 Gravois Ave.

19. (a) Nov 20-1942 (b) J. Biedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL.")

(d) Street No. 3718 A Tennessee Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Nov. day..... 18  
year..... 1942 hour..... 6 22 P.M. minute..... M

21. I hereby certify that I attended the deceased from..... March 6<sup>th</sup>  
....., 1939 to..... NOVEMBER 18<sup>th</sup> 1942  
that I last saw her..... alive on..... NOVEMBER 18<sup>th</sup> 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Hemorrhage  
Due to..... Hypertension - Anteriorly  
Duration..... 1 day

Other conditions..... Myocarditis Chronic  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... 95  
Of autopsy..... 95

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
.....

While at work?..... (Specify type of place) (e) Means of Injury.....

23. Signature..... Arnold Klein (M. D. or other)

Address..... 2632 So. Kingshighway Date signed..... 11/19/42

---

---

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *2906 Harvard*

**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 this body is not embalmed, fact should be so stated above.**