

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047229
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12787

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWN and ZIP only) Louis MO		c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 1728 Whittier		STREET ADDRESS (If outside city location) 1728 Whittier		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Alvin Luekner		4. DATE OF DEATH 12 11 58		5. SEX Male	
6. COLOR OR RACE Caucasian		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9 10 90	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber		10b. KIND OF BUSINESS OR INDUSTRY Lumber		9. AGE (In years last birthday) 68	
11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Luekner	
14. MOTHER'S MAIDEN NAME Luekner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year for date of service) No		16. SOCIAL SECURITY NO. NUR	
17. INSURANT P.E. Taylor		Address 1200 Clark		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Second & Third Degree Burns		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) 75% of body surface in fire in bed		DUE TO (c) Fire heat of 1728 Whittier St.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 31 beds N.C. 11. 1958 E 916.0 16		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Reg. 18.) Fire at 1728 Whittier St.	
20c. TIME OF INJURY Hour: 7:00 a.m. Month, Day, Year: 12 11 58		20d. PLACE OF INJURY (e.g., in or about home, farm, school, street, office bldg., etc.) 11 1/2 shed	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN OR LOCATION St Louis	
20g. COUNTY MO		20h. STATE MO	
21. I attended the deceased from [Signature] to [Signature] and last saw her alive on [Signature]		22a. SIGNATURE (Degree or office) Joseph M. Taylor	
22b. ADDRESS 1300 Clark		22c. DATE SIGNED 12/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 1-6-59	
23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	

24. FUNERAL DIRECTOR Peoples Funeral Home 3100 Franklin Ave.		25. DATE RECD. BY LOCAL REG. JAN 5 59		26. REGISTRAR'S SIGNATURE [Signature]	
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(Licensed Embalmer's Statement on Reverse Side)

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

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office
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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 not embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George Rate
Licensed Embalmer No.....

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.