MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26010

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St. Louis ..... Primary Registration District No. 1003

City ..... (No. 1102 South 8th St. ..... Ward)

File No. .....

Registered No. 17633

2. FULL NAME Arthur A. Lucke

(a) Residence. No. 1102 South 8 St., 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Winifried Lucke

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Abt. 43 YEARS | MONTHS: — | DAYS: — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: Anheuser-Busch

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Henry Lucke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): GERMANY
12. MAIDEN NAME OF MOTHER: ANNA GROSSHEIDER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Mo.

14. INFORMANT: C. C. Lucke
(Address): 1102 South 2nd

15. FILED AUG 27 1927 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8/26 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ..... Found dead, and that death occurred, on the date stated above, at 9-00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A
Pulmonary Tuberculosis
N.M.C. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. W. Fath M.D.
8/27, 1927 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peters Cemetery
DATE OF BURIAL: Aug. 29 1927

20. UNDERTAKER: Benseek-Niehaus
ADDRESS: 1138 N 6

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD