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

Do not use this space.

38231

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 10873

Township..... Primary Registration District No. 1003 Registered No.

City St Louis (No. Mo Bapt Sani St. Ward)

2. FULL NAME Thomas J. Luckett

(a) Residence. No. 8745 North Ave St., 12 Ward. St Louis Co Mo.
(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: Lena Luckett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 16 - 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	7	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Auditor (retired)

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): ?
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY): Don't know

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY): Don't know

14. INFORMANT: Mrs. Corinne Kneabel
(Address) 8745 North Ave.

15. FILED DEC - 8 1927, 19..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec, 1926, to Dec 3, 1927 that I last saw him alive on Dec 3, 1927, and that death occurred, on the date stated above, at 10.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

93C

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 90B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Samuel B. Grant, M. D

Dec 5, 1927 (Address) 3720 Washington

*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: Mt Lebanon Cem.

DATE OF BURIAL: 12-5 1927

20. UNDERTAKER: Geo. L. Pleitsch

ADDRESS: 5966 Easton ave

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.

9.30 am Mo Bapt.