

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. **12809**

Township.....

Primary Registration District No. **1000**

Registered No. **3348**

City **St. Louis** (No. **3866<sup>a</sup>**)

**Meramec Rf.**

St. .... Ward)

**2. FULL NAME**

**Nelson A. Lukens**

(a) Residence. No. **3866<sup>a</sup>** **Meramec** St., **15** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**M**

**4. COLOR OR RACE**

**Wh**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**Widowed**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**Hannie Lukens**

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

**Jan 30-1868**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

**61**

**10**

**18**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**Belg Supt**

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

**Nell Coat Co.**

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

**Mo.**

(STATE OR COUNTRY)

**10. NAME OF FATHER**

**Sam Lukens**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

**Mo**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**Mary Schirmer**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

**Mo.**

(STATE OR COUNTRY)

**14.**

INFORMANT (Address)

**Malbert Bopp  
Kirkwood Mo.**

FILED **APR 13 1929**

**Wm C Stankoff**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **3-18-1929**

**17. HEREBY CERTIFY, That I attended deceased from Dec. 25, 1929, to March 18, 1929, that I last saw him alive on Mar. 17, 1929, and that death occurred, on the date stated above, at 12:50 A.M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Cirrhosis of liver  
non alcoholic**

**1243  
92 1/2 (duration) yrs. 4 mos. 5 da.**

**CONTRIBUTORY (SECONDARY)**

**Initial Regurgitation (duration) yrs. 3 mos. da.**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**0 DID AN OPERATION PRECEDE DEATH... No. DATE OF**

**WAS THERE AN AUTOPSY? No**

**WHAT TEST CONFIRMED DIAGNOSIS**

**(Signed) Carl G. Ottmaier, M. D.  
3/18, 1929 (Address) 4501 Easton Av.**

\*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**

**DATE OF BURIAL**

**Oak Hill Cemetery**

**3/20 19 29**

**20. UMBERTAKER**

**ADDRESS**

**Louis H Bopp**

**Kirkwood**

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.

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