

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

Do not use this space.

23142

File No. \_\_\_\_\_  
Registered No. **6601** \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **701**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City St. Louis (No. 1331 Calara Ave)

**2. FULL NAME** John A. Lukens

(a) Residence No. 1331 Calara Ave, St. 6 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clarrie S. Lukens</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 10 1856</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>3</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Lumber Co

9. BIRTHPLACE (CITY OR TOWN) Tipton  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Thomas Lukens

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

12. MAIDEN NAME OF MOTHER Lucretia Williams

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

14. INFORMANT Mrs. Charrie S. Lukens  
(Address) 1331 Calara Ave

15. FILED 16 1931 May 17  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1931

17. I HEREBY CERTIFY, That I attended deceased from MT 1, 1928, to June 14, 1931  
that I last saw h. an alive on June 12, 1931, and that death occurred, on the date stated above, at 12.30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Senile Dementia  
930 Central Arterio Sclerosis  
99  
165 (duration) 1 yrs. 1 mos. 1 ds.  
CONTRIBUTORY Chronic Myocarditis  
(SECONDARY) (duration) 3 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED 930  
IF NOT AT PLACE OF DEATH 930  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Wm J. Langdon, M. D.  
June 15, 1931 (Address) 5853 1/2 Myrtle

\*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 Valhalla Crematory DATE OF BURIAL June 16 1931

20. UNDERTAKER Geo. L. Oleitich ADDRESS 5966 East

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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