

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

Do not use this space.

31133

1. PLACE OF DEATH **SEP 13 1934**

County .....

Registration District No. **791**

File No. ....

Township .....

Primary Registration District No. **1003**

Registered No. **8430**

City **St. Louis Mo.** (No. **44.16.16**)

**W. Florissant Ave.**

St. .... Ward)

2. FULL NAME **Margaretta Lucks**

(a) Residence, No. **44.16.16 W. Florissant St.** Ward. **9**

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 3, 1862**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **72 7 14**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **J. Rubman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Phoe Lucks** (ADDRESS) **4652 Maryland Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walhall Cem.** DATE **Aug 20, 1934**

19. UNDERTAKER **Robt Leidner Mfg. Co.** (ADDRESS) **1417 N. Market St.**

20. FILED **16 17 1934** REGISTRAR **J. Bredeck**

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 17, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 14, 1933**, to **August 17, 1934**. I last saw **her** alive on **Aug 15th**, 1934. Death is said to have occurred on the date stated above, at **6:30 a.m.**

The principal cause of death and related causes of importance were as follows:

**hemorrhage Bronchopulmonary**  
**non-traumatic - non-tuberculous**  
**cause unknown**  
Other contributory causes of importance: **Mitral Stenosis**

Name of operation **stroke** Date of operation **stroke**

What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **accident** Date of injury **Aug 14, 1934**

Where did injury occur? **St. Louis Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **home**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Frederic M. Stewart**, M. D.

(Address) **701 Blair 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.

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14  
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Fred K. W. Holtgrewe