MAY 19 1937

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

Do not use this space.

16140

File No. 25

Registered No. 1

1. PLACE OF DEATH

County: Cole

Township: Prairie

City: St. Thomas Mo. (No. ..., ... St. ..... Ward)

Registration District No. 1158

Primary Registration District No. 5296 A

2. FULL NAME Philip Luckenotto.

(a) Residence, No. St. Thomas Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 8 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 Anna Luckenotto

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 27th March 1869.

7. AGE: Years 68 | Months | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St. Thomas Mo

FATHER

13. NAME Henry Luckenotto

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

MOTHER

15. MAIDEN NAME Mary Bah

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

17. INFORMANT (ADDRESS) Henry Luckenotto

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE St. Thomas Mo DATE 20th April, 1937

19. UNDERTAKER (ADDRESS) Louis Bruchjot. St. Thomas Mo.

20. FILED Apr. 20th, 1937 By Frank A. Luckenotto Registrar. W. Wooster

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1936, to April 18, 1937

I last saw him alive on April 18, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

	Date of onset
M. Hypertrophy	
Hemiplegia Left side	
Chronic Nephritis	

Other contributory causes of importance:

Prostatic Schlerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) S. E. Gordon, M. D.

(Address) Weta.

P. L.