

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4130

1. PLACE OF DEATH:  
(a) County .....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 3 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County .....  
(c) City or town Saint Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3876-A Marine Ave.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Bertha Luckow  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife William T. Luckow 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased December 26th, 1876.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 4 5 hr. min.

9. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation House-Wife.

11. Industry or business

MOTHER FATHER { 12. Name Adolph Mater  
13. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant William T. Luckow  
(b) Address 3876-A Marine Ave.

17. (a) Burial (b) Date thereof May 4, 1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul C. M.

18. (a) Signature of funeral director Ziegenhain Bros.  
(b) Address 6409 Gravois Ave.

19. (a) MAY 3 1944 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st  
year 1944 hour 5:10 minute A. M.

21. I hereby certify that I attended the deceased from April 27th  
19 44 to May 1st, 19 44;  
that I last saw h. or alive on May 1st, 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to Hypertensive Heart Disease

Other conditions 9/2  
(Include pregnancy within 3 months of death)

Major findings: Of operations .....  
Of autopsy .....  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State) .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

23. Signature Red Madler (Date signed) 5/1/44  
Address 1915 Lafayette

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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17  
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174  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Homer N. Jantz

Licensed Embalmer No. 3887

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**