

V. S. No. 2  
100M-2-43  
Rev. 5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32540**  
Registrar's No. **9355**

FILED NOV 10 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Jewish Hospital**  
(If not in hospital or institution, write street number or location) **0**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **12/1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5015 Cates Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME **John Henry Lucks**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **491-18-1484A**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **2**  
year **1944** hour **4** minute **50 A.M.**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Stella Cook Lucks**  
6. (c) Age of husband or wife if alive **48** years  
7. Birth date of deceased **Nov. 26 1871**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept. 25**  
19**44**, to **Nov. 2** 19**44**  
that I last saw him alive on **Nov. 2** 19**44**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**72 11 6** hr. min.

Immediate cause of death **Uremia**  
Duration **1 wk**

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

Due to **Arteriosclerotic cardio-vascular disease** **1 yr or more**  
Due to \_\_\_\_\_

10. Usual occupation **Packer**

Other conditions (Include pregnancy within 3 months of death) **92**

11. Industry or business **Hann-Serenco-Koenig Co**

Major findings: Of operations \_\_\_\_\_

12. Name **Reimer Lucks**

Of autopsy \_\_\_\_\_

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J. R. Lucks**

(b) Address **4128A San Francisco Ave.**

17. (a) **Burial** (b) Date thereof **11-4-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **NOV 3 1944** **J. F. Bredeek**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature **J. F. Bredeek** (M. D. or other) **0**

Address **632 N. Taylor** Date signed **11/3/44**

462 N. Taylor (Fr. 4711)  
11 to 1

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 Albert R. Thompson Jr  
Licensed Embalmer No. 4237  
P. O. Address St. Louis

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.