

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1945
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4523**
Registrar's No. **1672**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2824a St. Louis Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 45 years / _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2824a St. Louis Avenue
(If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AUGUST H. LUCKS
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 18
year 1945 hour 6:45 PM _____ M.
21. I hereby certify that I attended the deceased from _____
Feb. 18, 1945 to Feb. 18, 1945
that I last saw him alive on Feb. 18, 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elise (nee Link)
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Mar. 21, 1869
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Thrombosis
Duration 3 Hrs
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
75 10 28 _____ hr. _____ min.

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

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Interior Decorator

11. Industry or business _____
12. Name Peter Lucks
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Roeweather
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elise Lucks
(b) Address 2824a St. Louis Avenue
17. (a) Cremation (b) Date thereof 2/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

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? _____

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue
19. (a) FEB 20 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature Dr. H. Fung (M. D.)
Address 2249 St. Louis ave Date signed Feb. 19

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

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

Gustav W. Dietel

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

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.