

**FILED MAR 7 1946**  
Registration District No. **318**

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:  
**Jewish Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Isaac Lukatch**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Fannie Lukatch** 6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **October 15, 1881**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 64 4 9** hr. \_\_\_\_\_ min.

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

10. Usual occupation **Metal Jobber**

11. Industry or business **Unknown**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Milton Lukatch**

(b) Address **415 Clara Avenue**

17. (a) **Burial** (b) Date thereof **2-26-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beth Hamedrosh Hagodol**

18. (a) Signature of funeral director **H. Rindskopf**

(b) Address **5216 Delmar Blvd.**

19. **FEB 25 1946** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **999**  
(c) City or town **Granite City**  
(If outside city or town limits, write "RURAL") **N.R.**  
(d) Street No. **1249 Niedringhaus**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **24**  
year **1946** hour **4** minute **P. M.**

21. I hereby certify that I attended the deceased from **Feb 22**  
19 **46** to **Feb. 24** 19 **46**  
that I last saw him alive on **Feb 24** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia, Chronic Broncho pneumonia, Chronic Hypertension, Nephritis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **121**

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

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?

(Specify type of place)  
While at work \_\_\_\_\_ (e) Means of injury **Verone & Co.**  
23. Signature **Verone & Co.** (M. D. or other)  
Address **508 N. Grand** Date signed **2/25/46**

**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.....

Licensed Embalmer No.....

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.**