S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32747

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8821

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

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6439 Alabama / (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ao
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 6439 Alabama 9 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Helen Lucken
3. (b) If veteran, name war No
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 HERMAN Lucken
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased JANUARY (Month) 9 (Day) 1878 (Year)

8. AGE: Years 69 | Months 8 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)
10. Usual occupation House wife
11. Industry or business .....
FATHER
12. Name Pott hoff
13. Birthplace ..... (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name ANNA Lutz
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)
16. (a) Informant HERMAN Lucken
(b) Address 6439 ALABAMA
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9 (Month) 22 (Day) 47 (Year)
(c) Place: burial or cremation Resurrection Cem.
18. (a) Signature of funeral director Wingbermuehle
(b) Address 3819 So Grand Blvd
19. (a) SEP 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19 year 1947 hour 10 35 minute PM M.
21. I hereby certify that I attended the deceased from July 1 1947 to 9-19 1947 that I last saw h[illegible] alive on 9-19 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	6 mo
Due to Arteriosclerosis	6 years
Due to 93	
Other conditions Parkinson's Disease (Include pregnancy within 3 months of death)	6 mo

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature B. J. McGinnis (M. D. or other)
Address 3608 S. Grand Date signed 9-20 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 4 1948

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.....E. Spillane.....

Licensed Embalmer No.....4080.....

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.