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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3408

Registration District No. 3707 Primary Registration District No. 2062 Registrar's No. 304

1. PLACE OF DEATH:
(a) County ST. LOUIS,
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 7435 TRENTON AVE., 1
(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 ST. LOUIS 96
(c) City or town UNIVERSITY CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7435 TRENTON AVE. 5
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOTTA LUCKOW.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 10 (Day) 1876 (Year)

8. AGE: Years 71 Months 9 Days 20 If less than one day hr. min.

9. Birthplace ST. LOUIS, (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED;
11. Industry or business SOCIAL WORKER.

FATHER
12. Name LUCKOW.
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant MILLARD P. KAISER. 1
(b) Address 7435 TRENTON AVE.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEMETERY.
18. (a) Signature of funeral director C.R.LUPTON & SONS.
(b) Address 7233 DELMAR BLVD.
19. (a) 2-1-48 (Date received local registrar) (b) (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 30 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cause unknown	
Due to	
900	
Due to	
Other conditions (include pregnancy within 3 months of death)	

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 (M. D. or Coroner)
Address Commissioner of Health Date signed 2-2-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray.

Licensed Embalmer No. 4011

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.