S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3867

State File No. 14937

Registrar's No. 1012

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ladue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 19 Conway Lane
(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 Ladue 12
(If outside city or town limits, write "RURAL")
(d) Street No. 19 Conway Lane 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Theodore Lucks.
3. (b) If veteran, name war none
3. (c) Social Security No. .....
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Anna Lucks
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased February 8, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	10	..... hr. ..... min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation retired interior decorator
11. Industry or business Lucks- Orwig and Co.
FATHER
12. Name John Lucks
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marie Oelrich
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Anna Lucks
(b) Address 19 Conway Lane
17. (a) burial (b) Date thereof 4/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) 4-19-48 (b) Cecil A. Sharp M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 6:50 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 1940 to Mar. 18 1948
that I last saw him alive on Mar. 26 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Progressive muscular dystrophy	Uncertain
Due to	
Due to 1566	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 .....
23. Signature Henry E. Oppenheimer (M. D. or other) MD
Address 3720 Washington Ave Date signed Apr 19 1948

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

*Note:- Filled out for R.A. Kinsella MD. from his office notes, as he is not in the city. I personally never saw the pt.

Dr. Ralph A. Kinsella
3720 Washington Blvd.
JE 5100

Dr. Ralph A. Kinsella
3720 Wash
JE 5100

Dr. J. F. Patton
Univ. Club
JE 6201
1-5

MAY 7

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.