

National Office of Vital Statistics
FILED JUL 15 1948

318

Primary Registration District No.

1003

Registrar's No.

5877

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis Mo**
 (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)

3. (a) PRINT FULL NAME **Herman Lucken Sr.**3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex..... **Male** 5. Color or **White**
 6. (a) Single, widowed, married,
divorced **Wid.**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
 7. Birth date of deceased..... **Sep. 27 1883**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 3 hr. min.

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

10. Usual occupation..... **Bldg Employ**

11. Industry or business.....

12. Name..... **Bernard Lucken**
 13. Birthplace..... **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name..... **Not known**
 15. Birthplace..... **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Herman Lucken Jr**
 (b) Address..... **6439 Alabama**

17. (a) **Burial** (b) Date thereof **7 - 2 - 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Resurrection Cem.**

18. (a) Signature of funeral director..... **Wingbermuehle**
 (b) Address..... **3819 S. Grand Blvd.**

19. (a) **JUL 1 1948** (b) **J. F. Bredecs**
 (Date received local registrar) (Registrar's signature)

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. **6439 Alabama**
 (If rural, give location)
 (e) Citizen of foreign country?..... **NO** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **29**
 year..... **1948** hour..... **12 Midnight** M.

21. I hereby certify that I attended the deceased from **2-27-48**
 19....., to..... 19.....
 that I last saw **him** alive on **June 29 1948**
 and that death occurred on the date and hour stated above. **June 29 1948**
 Duration

Immediate cause of death.....

Carcinoma of the Stomach
 Duration **4 mo**

Due to.....

Due to.....

Other conditions..... **none**
 (Include pregnancy within 3 months of death)

Major findings:

Of operations..... **Carcinoma Stomach**
with metastasis to the
 Of autopsy..... **Liver**
no

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..... (c) Means of injury.....
 23. Signature..... **P. J. Mc...** (M. D. or other)
 Address..... **3608 S. Grand** Date signed **6-30-48**

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.....

.....
working under my personal supervision.

Signed.....

J. Allen Smith

Registered Apprentice No.

Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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.