

No. 300
10.43

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11117

Reg. 91846

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 579

1. PLACE OF DEATH
a. COUNTY ST. LOUIS COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO. c. LENGTH OF STAY (in this place) 20 days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2109

d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.

d. STREET ADDRESS (If rural, give location) 10 4128A SAN FRANCISCO

3. NAME OF DECEASED a. (First) JOHN b. (Middle) R. c. (Last) LUCKS

4. DATE OF DEATH (Month) (Day) (Year) 3/3/51

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5/22/97

9. AGE (In years) (If under 1 year: Year, Months, Days, Hours, Min.) 53 yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY Manufacturing

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Lucks

13b. MOTHER'S MAIDEN NAME Louise Keth

14. NAME OF HUSBAND OR WIFE Marguerite Lucks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World I

16. SOCIAL SECURITY NO. 494-09-5224

17. INFORMANT'S SIGNATURE OR NAME ADDRESS V. A. HOSPITAL RECORDS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOLAR NEPHROSCLEROSIS (MALIGNANT)
DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 442X

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12, 1951, to 3/3/51, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE George A. Make (Degree or title) M.D.

23b. ADDRESS V. A. HOSP. JEFF. BRKS. MO.

23c. DATE SIGNED 3/3/51

24a. BURIAL CREMATION REMOVAL (Specify) Cremation

24b. DATE 3/7/51

24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 3-5-51 REGISTRAR'S SIGNATURE Herbert R. Danke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral - 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4287

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.