

0923

BIRTH NO. 31366-51 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" near Silex 0570	
c. LENGTH OF STAY (in this place) 7 hrs		d. STREET ADDRESS (If rural, give location) R.R. 2 Silex, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Unnamed Infant b. (Middle) Lucki c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 23 1951			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 23, 1951	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 7 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None--Infant --		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Harold Lucki		13b. MOTHER'S MAIDEN NAME Mary Schierbaum		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No NIL		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME Harold Lucki	
				ADDRESS Silex, Missouri	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 5 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature labor		
	DUE TO (c) Polyhydramnios		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7735	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 5-23, 1951, to 5-23, 1951, that I last saw the deceased alive on 5-23, 1951, and that death occurred at 3:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE Eugene J. Carty M.D.	(Degree or title)	23b. ADDRESS St. Charles Mo	23c. DATE SIGNED 5-23-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 23, 1951	24c. NAME OF CEMETERY OR CREMATORY Millwood Cemetery	24d. LOCATION (City, town, or county) (State) Millwood, Missouri
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DATE REC'D BY LOCAL REG. May 23-51	REGISTRAR'S SIGNATURE Francis Haunert	25. FUNERAL DIRECTOR'S SIGNATURE Womund & Scheeley	ADDRESS Silex, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 28 1951

RECEIVED

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 _____

No Embalming

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No.

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.