

DR. WAGENBACH 4717 Morganford Road
 HU 1535
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14525

FILED MAY 1-1952

State File No. _____
 Registrar's No. **3768**

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003
1. PLACE OF DEATH a. 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 St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5863 A. Goener Ave		d. STREET ADDRESS (If rural, give location) 5863 A. Goener Ave	
3. NAME OF DECEASED a. (First) John b. (Middle) A. c. (Last) Luckner			4. DATE OF DEATH (Month) (Day) (Year) 4-21-1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 5-18-1867
9. AGE (In years last birthday) 84	# UNDER 1 YEAR Months _____ Days _____	# UNDER 6 HRS. Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (State or foreign country) Illinois
13a. FATHER'S NAME Richard Luckner		13b. MOTHER'S MAIDEN NAME Mary Meyner	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Louise Haidelcher ADDRESS 5863 A. Goener Ave	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension + Arteriosclerosis DUE TO (c) Cerebrum	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 11 days	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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? 331X	
22. I hereby certify that I attended the deceased from April 9, 1952 , to April 21, 1952 , that I last saw the deceased alive on Apr. 20, 1952 , and that death occurred at 12:10 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. W. Wagenbach M.D.		23b. ADDRESS 4717 Morganford	23c. DATE SIGNED 4/21/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-23-1952	24c. NAME OF CEMETERY OR CREMATORY New St. Marks Cemetery	24d. LOCATION (City, town, or county) (State) 7901 Gravois Ave
DATE REC'D BY LOCAL REG. APR 22 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhain ADDRESS 6409 Gravois Ave

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 _____

Law M. Simon

Signed.....
Student Embalmer

Licensed Embalmer No.

4343

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.