

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26063

FILED JUL 22 1952

State File No. 6430  
Registrar's No. 6430

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. 6430		Registrar's No. 6430					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>7 hrs?</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2189							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hosp. #1</b>				d. STREET ADDRESS (If rural, give location) <b>18 4207 Chouteau</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>			b. (Middle) _____			c. (Last) <b>LUCKY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 2 1952</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>May 18 1888</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Weaver</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Wire Cloth Co</b>		11. BIRTHPLACE (State or foreign country) <b>Austria</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>Samuel Lucky</b>				13b. MOTHER'S MAIDEN NAME <b>Ida Fibeisan</b>				14. NAME OF HUSBAND OR WIFE <b>Marie Flag</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY # <b>488-09-8300</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Michael Lucky 3720 Chouteau</b>							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>2° degree burns of 35% of body; when he fell in bathtub at his house July 1 1952 exact time unknown</b> DUE TO (b) <b>fall</b> DUE TO (c) <b>1952 exact time unknown</b> 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 <b>Resident 600</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>		21f. HOW DID INJURY OCCUR? <b>E9170</b>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 1 52 ? m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>											
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>430A m.</b> , from the causes and on the date stated above. <b>17</b>													
23a. SIGNATURE (Degree or title) <b>Carl Smith M.D.</b>				23b. ADDRESS <b>1390 E. Clark</b>				23c. DATE SIGNED <b>7-3-52</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 5 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Picker</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>							
DATE REC'D BY LOCAL REG. <b>JUL 3 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E.J. Schnur 3125 Lafayette</b>							

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. B. Vollmer  
Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.