

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **41133**

BIRTH NO. 57667 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3130

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy	c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BERKLEY Berkley 2091	d. STREET ADDRESS (If rural, give location) 4986 W. Atwater Dr.
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Carol b. (Middle) Jean c. (Last) Luckshis			4. DATE OF DEATH (Month) (Day) (Year) Dec. 6. 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Aug. 17. 1952	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR 19 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Normandy Mo 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Zigmund Luckshis	13b. MOTHER'S MAIDEN NAME Mary Ellen Eikmeier	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Zigmund Luckshis ADDRESS 4986 W Atwater Dr

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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Varicella undetermined origin Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 5710 DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 96 hrs
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) m.	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 Dec 2, 1952, to Dec 5, 1952, that I last saw the deceased alive on Dec 5, 1952, and that death occurred at 4:50 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) N. J. Gardner M.D.	23b. ADDRESS 917 Airport Rd Berqum	23c. DATE SIGNED 12/6/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/8/1952	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery
		24d. LOCATION (City, town, or county) (State) Wellston, Mo.

DATE REC'D BY LOCAL REG. 12-7-52	REGISTRAR'S SIGNATURE Herbert R. Donohue M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock ADDRESS 2117 E. Grand Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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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

Frank A. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E. Main

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.