

STANDARD CERTIFICATE OF DEATH

15358

State File No.
Registrar's No. 105

FILED MAY 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>105</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		<u>0923</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1819-RANDOLPH ST.</u>				d. STREET ADDRESS (If rural, give location) <u>1819 Randolph</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>---</u> c. (Last) <u>Luckett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1953</u>				
5. SEX <u>3</u> <u>negro</u>	6. COLOR OR RACE <u>female</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 8 1889</u>		9. AGE (In years last birthday) <u>65</u>	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) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dee Hughes</u>			13b. MOTHER'S MAIDEN NAME <u>Singleton</u>		14. NAME OF HUSBAND OR WIFE <u>Less Luckett</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>MO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nellie France Troy Mo.</u>			
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) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C.V.D.</u> DUE TO (c) <u>Gen. arterio-sclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 wks</u> <u>5 yrs</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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?			
22. I hereby certify that I attended the deceased from <u>5-1-53</u> , 19 <u>53</u> , to <u>5/3/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/3/53</u> , 19 <u>53</u> , and that death occurred at <u>2 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Buckle</u>				23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>MAY 6 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 7 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sage Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>O'Fallon Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 6 1953</u>		REGISTRAR'S SIGNATURE <u>Frankie Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Keithly</u>		ADDRESS <u>O'Fallon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 19 1953

.. 276
.. T. HADJICOSTAS #151

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.....

E. Keittly

Signed.....
Student Embalmer

Licensed Embalmer No. 822

P. O. Address O'Fallon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

. If this body is not embalmed, fact should be so stated above.