S. No. 300
v. 10.48

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

FILED MAY 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4168

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4910 LACLEDE AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2129
d. STREET ADDRESS (If rural, give location) 12 4910 Laclede Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) CLARENCE
b. (Middle) DeWITT
c. (Last) LUKENS.

4. DATE OF DEATH (Month) (Day) (Year) April 20, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH March 18, 1869.
9. AGE (In years last birthday) 84. If under 1 year: Months Days; If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surgical Mf'gr of dentistry.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Bucks County, Pennsylvania.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob Lukens.
13b. MOTHER'S MAIDEN NAME Hettie Scott.
14. NAME OF HUSBAND OR WIFE Marion Sprague Lukens.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. 491-14-6477
17. INFORMANT'S SIGNATURE OR NAME Mrs C. D. Lukens. **ADDRESS** 4910 Laclede 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH 3 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease

DUE TO (c)

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
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* Jan. 2, 1953, *to* April 20, 1953, *that I last saw the deceased alive on* April 19, 1953 *and that death occurred at* 10:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. B. Farran (Degree or Title) MD
23b. ADDRESS 539 N. Grand Blvd. St. Louis
23c. DATE SIGNED 4/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation.
24b. DATE 4/23/53.
24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory.
24d. LOCATION (City, town, or county) (State) 7600 St. Charles Rock Road.

DATE REC'D BY LOCAL REG. APR 22 1953
REGISTRAR'S SIGNATURE J. Earl Smith M.D. G.P.
25. FUNERAL DIRECTOR'S SIGNATURE C.R.Lupton & Sons. **ADDRESS** 7233 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.