

FILED AUG 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27240**
 BIRTH NO. **83991** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **596** Registrar's No. **2097**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Montgomery	
b. CITY OR TOWN Valley Park Mo.		c. CITY OR TOWN Rhineland		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (In this place) 4 days		e. STREET ADDRESS R.F.D.		0 700	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedarcroft Nursing Home					

3. NAME OF DECEASED (Type or Print) a. (First) Patricia			b. (Middle) Ann			c. (Last) Luekey			4. DATE OF DEATH (Month) (Day) (Year) July 31, 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Dec 4 1952		9. AGE (In years last birthday) 7		IF UNDER 1 YEAR Months 27		IF UNDER 4 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child - None				10b. KIND OF BUSINESS OR INDUSTRY Nil		11. BIRTHPLACE (City and State or Foreign Country) Washington, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Frederich Luekey				13b. MOTHER'S MAIDEN NAME Stella M. Nolte				14. NAME OF HUSBAND OR WIFE Nil					

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. Nil		17. INFORMANT'S SIGNATURE OR NAME Grace M. Reed, Valley Park, Missouri.		ADDRESS Valley Park, Missouri.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH short	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis						short	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydrocephalus						short	
		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 752x						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 **7-29, 1953** to **7-30, 1953** that I last saw the deceased alive on _____, 19____, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. K. ...		(Degree or title)		23b. ADDRESS 3409 Union		23c. DATE SIGNED 7-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-31-53		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Rhineland, Missouri.	
DATE REC'D BY LOCAL REG. 7-31-53		REGISTRAR'S SIGNATURE Herbert H. Hoppe		25. FUNERAL DIRECTOR'S SIGNATURE Herbert H. Hoppe		ADDRESS 4700 Washington Blvd	

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*
Licensed Embalmer No. *3749*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.