

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13748
State File No. 3433

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3433

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3433			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. LOUIS, MISSOURI</u>)		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ST. LOUIS CITY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>2249 2850 a So. 18th St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>		b. (Middle) <u>A.</u>		c. (Last) <u>LUKENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14, 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6/8/1889</u>	9. AGE (In years) (last birthday) <u>64 yrs.</u>		10. F UNDER 1 YEAR <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Watlow Elec. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>David Lukens</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Richards</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Wesch Lukens</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-03-1842</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pauline Lukens 2850 a So. 18th St.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>arterial hypertension</u> DUE TO (c) _____ 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 _____				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) <u>3318</u>					
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>4-2-54</u> , 19 <u>54</u> , to <u>4-14-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-14-54</u> , 19 <u>54</u> , and that death occurred at <u>3:00 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph A. Zro M.D.</u>				23b. ADDRESS <u>1515 Lafayette avenue</u>		23c. DATE SIGNED <u>4-15-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/17/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Picker</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>APR 16 1954</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schnur 3125 Lafayette Ave.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *Thomas R. Lemvik*.....

Licensed Embalmer No. *37*.....

P. O. Address *3125 Lafa*.....

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.