

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36155**BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **312**

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton | | c. CITY OR TOWN Jefferson City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 11 day | | e. STREET ADDRESS (If rural, give location) 3226 Miller St | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Hosp no 1 | | | |

| | | | |
|---|-------------------------------|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) RHEINHOLD c. (Last) Christian Lucke | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 4 1955 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan 18 1873 |
| 9. AGE (In years last birthday) 82 | | 10. UNDER 1 YEAR 10 | 11. UNDER 24 HRS. 11 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minister | | 10b. KIND OF BUSINESS OR INDUSTRY (retired) Minister | 11. BIRTHPLACE (City and State or Foreign Country) Germany |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |

| | | |
|---|--|--|
| 13a. FATHER'S NAME Frank Lucke | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Mrs Ester Becker Lucke |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Lucke 3226 Miller St Jeff City |

| | | |
|---|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Generalized arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500 | | |

| | | |
|---|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Nov 23, 1955**, to **Dec 4, 1955**, that I last saw the deceased alive on **Dec 3, 1955**, and that death occurred at **10:55 A.m.**, from the causes and on the date stated above.

| | | |
|--|--|--|
| 23a. SIGNATURE (Degree or title), J. V. Hunter M.D. | 23b. ADDRESS Fulton Mo | 23c. DATE SIGNED Dec 4/55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-4-55 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery St. Louis, Missouri |
| 24d. LOCATION (City, town, or county) (State) | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lanner Serv. Jefferson City Mo | |
| DATE REC'D BY LOCAL REG. Dec 4-1955 | REGISTRAR'S SIGNATURE Maritta Lawrence | 4267 |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

DEC 20 1958

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 *Donald Freeman*

Licensed Embalmer No. *44*

P. O. Address *.....*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.