

42344

FILED JAN 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11102

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>   |  | c. LENGTH OF STAY (In this place) <b>Years</b>   |  | c. CITY OR TOWN <b>St. Louis,</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4165 North Euclid Ave.,</b>   |  |  |  | e. STREET ADDRESS (If rural, give location) <b>4165 North Euclid Ave.,</b>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Melville</b>  |  | b. (Middle) <b>W.</b>  |  | c. (Last) <b>Lucks</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>December 18, 1955.</b>   |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   |  | 8. DATE OF BIRTH <b>Aug. 8, 1888</b>   |  |
| 9. AGE (In years last birthday) <b>67</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Owner, N. A. Nelson Painting Co.</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>PAINTING</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri,</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  | 13a. FATHER'S NAME <b>Peter Lucks</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Emilie Wenzel</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>Mrs. Bertha Lucks</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>  |  | 16. SOCIAL SECURITY NO. <b>490-22-5020</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Bertha Lucks, 4165 N. Euclid Ave.,</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac insufficiency</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerotic heart disease</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>15 months</b>   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |  | 20. AUTOPSY?<br>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 <b>September 19, 1955,</b> to <b>December 18, 1955,</b> that I last saw the deceased alive on <b>December 17, 1955,</b> and that death occurred at <b>8:00 A. m.,</b> from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title) <b>John T. Lawton, M.D.</b>   |  |  |  | 23b. ADDRESS <b>539 N. Grand Blvd.</b>  |  | 23c. DATE SIGNED <b>12-19-55</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |  | 24b. DATE <b>12-21-1955</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Mausoleum</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, County Mo.</b>   |  |
| DATE REC'D BY LOCAL REG. <b>DEC 19 1955</b>  |  | REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math. Hermann &amp; Son Inc., 2161 E. Fair Ave.</b>                                       |  |  |  |

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

(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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....  
P. O. Address.....

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