

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29407**

FILED SEP 5 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1934**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY OR TOWN CREVE COEUR	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPT.		e. STREET ADDRESS (If rural, give location) DAUTEL AVE. R#1-BOX 333	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) FRANK c. (Last) LUKEN		4. DATE OF DEATH (Month) (Day) (Year) Aug 11 1956	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH DEC. 27-1880	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER	
11. BIRTHPLACE (City and State or Foreign Country) CHESTERFIELD, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME HENRY LUKEA		13b. MOTHER'S MAIDEN NAME LIZZIE AMELUNG	
14. NAME OF HUSBAND OR WIFE NONE		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. NONE		17. INFORMANT'S SIGNATURE OR NAME EDWIN W. BROEKER	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Appendicitis 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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) 5501		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 8-10- , 1956, to 8-11- , 1956, that I last saw the deceased alive on 8-11- , 1956, and that death occurred at 8:45 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph G. Ernst M.D.		23b. ADDRESS 6015 Brentwood Clayton 5, Mo.	
23c. DATE SIGNED 8-11-56		24. LOCATION (City, town, or county) (State) PATTONVILLE, MO.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-14-56	
24c. NAME OF CEMETERY OR CREMATORY FEE FEE CEMETERY		24d. LOCATION (City, town, or county) (State) PATTONVILLE, MO.	
DATE REC'D BY LOCAL REG. 8-13-56		REGISTRAR'S SIGNATURE Herbert A. Donahoe	
GENERAL DIRECTOR'S SIGNATURE William W. Brock		ADDRESS 2501 WOODSON RD - OVERLAND, MO.	

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 *David C. Gilbreath*.....

Licensed Embalmer No. *345*.....

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

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.