

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

43449

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11183**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION New Faith Hospital			Length of stay in 1b 62 yrs. 9/10	d. STREET ADDRESS 3965a Ashland Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Louis Middle John Last Luchsinger				4. DATE OF DEATH Month Dec. Day 5 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 18, 1874	9. AGE (In years last birthday) 82 yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Traffic Div.		10b. KIND OF BUSINESS OR INDUSTRY Int. Shoe Co.	11. BIRTHPLACE (City and state or country) Highland, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Casper Luchsinger				14. MOTHER'S MAIDEN NAME Alvina Walter			
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. 489-01-2850	17. INFORMANT Address Mrs. Katherine Luchsinger, 3965a Ashland Avenue				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture left Hip and operation and anesthetic necessary to reduce fracture DUE TO (b) Cerebral arteriosclerosis, DUE TO (c) Hypertensive Cardiovascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yrs. 30yrs
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Lost his balance fell down step or steps						
20c. TIME OF INJURY Hour 12 a. m. PM Month, Day, Year 12-2-56	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St. Louis	20g. COUNTY 21	20h. STATE Mo.	
21. I attended the deceased from Dec. 2, 1956 to Dec. 5, 1956 and last saw him alive on Dec. 4, 1956 Death occurred at 12:35PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Bennett H. Wood, MD			22b. ADDRESS 3442 Geraldine St. Louis 15, Mo.		22c. DATE SIGNED 12-7-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 8, 1956	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.			
24. FUNERAL DIRECTOR CALVIN F. FEUTZ FUNERAL HOME		ADDRESS 4828 NAT'L BRIDGE St. Louis 15, Mo.	25. DATE RECD. BY LOCAL REG. DEC 7 1956	26. REGISTRAR'S SIGNATURE Carl Smith MD			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(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.....
John A. Miller

Licensed Embalmer No...41

P. O. Address *St. Louis*

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.