

FILED DEC 20 1956

STANDARD CERTIFICATE OF DEATH

44207
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2810

1. PLACE OF DEATH a. COUNTY Saint 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, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Maplewood 4534		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF DECEASED (in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.			Length of stay in lb D.O.A.		d. STREET ADDRESS (If outside, give location) 2600 Bellevue Ave.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First WILLIAM Middle WALTER Last LUCK				4. DATE OF DEATH Month Nov. Day 27th, 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 April 26th, 1889		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sports Promotion			10b. KIND OF BUSINESS OR INDUSTRY Sports			11. BIRTHPLACE (City and state or country) Adrian, Michigan			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME William John Luck				14. MOTHER'S MAIDEN NAME Unknown							
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. 488-03-7239		17. INFORMANT Address Rose L. Luck, 2600 Bellevue, Maplewood, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Coronary Thrombosis DUE TO (b): Coronary Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c): 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 1946			
20a. ACCIDENT <input 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.)							
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)				20f. CITY, TOWN, OR LOCATION 4201				COUNTY		STATE	
21. I attended the deceased from Jan 3, 1946 to Nov 27, 1956 and last saw him alive on June 21, 1956 Death occurred at 12:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Joseph E. Carney MD (Degree or title)				22b. ADDRESS 906 Olive St				22c. DATE SIGNED 11-27-56			
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)					
Burial		11/29/56		Lakewood Park Cemetery		St. Louis County, Missouri					
24. FUNERAL DIRECTOR ADDRESS CALVIN F. REUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.					25. DATE RECD. BY LOCAL REG. 11-28-56		26. REGISTRAR'S SIGNATURE Herbert B. Donk MD				

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

 300
-36

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9:00AM to 2:00PM Daily

File in County.

1570

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph C. Findley*

Licensed Embalmer No. *47*

P. O. Address *St. Joe*

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.