THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1957

STATE FILE NUMBER 44921

Registration District No. 312 Primary Registration District No. 542 Registrar's No. 3040

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Oak Knoll Nursing Home — Length of stay in Hospital 4 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 777 Clara Avenue — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First AUGUSTA Middle F Last LUCHT

4. DATE OF DEATH Month December Day 23rd Year 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH August 3rd, 1875
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months 4 Days 20 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and state or country) Jackson, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John M. Buerkle
14. MOTHER'S MAIDEN NAME Friederike Kies

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) -------
16. SOCIAL SECURITY NO. None
17. INFORMANT Miss Anna Lucht — Address 777 Clara Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypertensive Cardiovascular —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Renal disease — unknown
DUE TO (c) 4H2X.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Right complete hemiplegia (Cerebral hemorrhage)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 12, 1956 to Dec 23, 1956 and last saw her alive on Dec 18, 1956
Death occurred at 1:35 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis Littmann (Degree or title) MD
22b. ADDRESS 8231 Clayton Rd (17)
22c. DATE SIGNED 12/24/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12 / 24 / 56
23c. NAME OF CEMETERY OR CREMATORY Jackson City Cemetery
23d. LOCATION (City, town, or county) Jackson, Missouri (State)

24. FUNERAL DIRECTOR C. R. Lupton & Sons — ADDRESS 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. 12-24-56
26. REGISTRAR'S SIGNATURE Herbert B. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

PA. 7-0202

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Murr

Licensed Embalmer No. 40

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.