

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046800
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3299

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, give TOWNSHIP only) OR TOWN Normandy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Berkeley 4071
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic DAYS		Length of stay in 1b DAYS	d. STREET ADDRESS (If outside, give location) 9118 Gedde
3. NAME OF DECEASED (Type or print) First Gilbert Middle W Last Luchsinger Gilbert Luchsinger		4. DATE OF DEATH Month 12 Day 16 Year 1958	
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 Jan. 13 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler - General Motors Co		10b. KIND OF BUSINESS OR Chevrolet Plant	9. AGE (In years last birthday) 49
11. BIRTHPLACE (City and state or country) Leslie, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S. U.S.A	
13a. FATHER'S NAME Lewis Luchsinger		13b. MOTHER'S MAIDEN NAME Anna Brinkmeyer	14. NAME OF HUSBAND OR WIFE Frances
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 2nd World War		16. SOCIAL SECURITY NO. 492-09-4759	17. INFORMANT Address Mrs. Frances Luchsinger W. Ce 9118 Gedde Ave., Same Berkeley, 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) Peripheral Vascular Collapse			INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Septicemia			hours
DUE TO (c) Agranulocytosis			297 X days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 2:45 Month, Day, Year a.m. Nov. 1958 p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Missouri
21. I attended the deceased from Nov. 1958 to Dec. 16, 1958 and last saw him alive on Dec. 15, 1958 Death occurred at 2:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert E. Owen D.O. (Degree or title)		22b. ADDRESS 7587 A Olive Blvd. St. Louis 5	22c. DATE SIGNED 12-16-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. 12-17-58	26. REGISTRAR'S SIGNATURE Herbert R. Blank, MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diagnoses in Part I must be causally related.

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 *Welford S Burnley*

Licensed Embalmer No. *4502*

P. O. Address *St. Louis*

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.