

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021859

FILED VS. MAY 3 1 1960

317

Primary Registration District No. 547

Registrar's No. 1478

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RICHMOND HEIGHTS</b>		Length of stay in 1b <b>D.O.A.</b>	c. CITY OR TOWN <b>UNIVERSITY CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST MARY HOSP</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7138 FORSYTH</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>W</b> Last <b>LUECKE</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>4</b> Year <b>1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 30, 1893</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALES</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>REAL ESTATE</b>	11. BIRTHPLACE (City and state or country) <b>GERMANY</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		
13a. FATHER'S NAME <b>JOSEPH F LUECKE</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH HINTNER HINK</b>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>329109534A</b>	17. INFORMANT <b>MARTORIE LUECKE</b>			Address <b>7138 FORSYTH</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b>					<b>3 mos</b>	
DUE TO (b) <b>Acute Regurgitation</b>					<b>10 yrs</b>	
DUE TO (c) <b>Chronic dissecting Aortic Aneurysm</b>					<b>10 yrs +</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year						
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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21: I attended the deceased from <b>Jan 1950</b> to <b>May 4/60</b> and last saw her/him alive on <b>Apr 25 1960</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>Richardella M D</b>			22b. ADDRESS <b>3720 Washington</b>		22c. DATE SIGNED <b>6/5/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>MAY 6, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	23d. LOCATION (City, town, or county) <b>ST. LOUIS</b>	(State) <b>MO</b>		
24. FUNERAL DIRECTOR <b>Stock Mortuary</b>		ADDRESS <b>8895 BREWSTER</b>	25. DATE RECD. BY LOCAL REG. <b>5-5-60</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

JUL 7 1960

MS  
DEC 7 1960

**STATEMENT BY LICENSED EMBALMER**

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Paul A. Wachtel

Licensed Embalmer No. 4787

P. O. Address Howe

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.