

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9881 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 3 mo 10 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN St. Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 5023 Mardel Avel Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First JOHN Middle \_\_\_\_\_ Last LUCKITSCH  
 4. DATE OF DEATH Month 10 Day 16 Year 61  
 5. SEX M 6. COLOR OR RACE CAUC. 7. Married  Never Married  Widowed  Unk Divorced   
 8. DATE OF BIRTH 9-5-85 9. AGE (last birthday) 76  
 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk 10b. KIND OF BUSINESS OR INDUSTRY unk 11. BIRTHPLACE (City and state or country) Austria 12. CITIZEN OF WHAT COUNTRY Unk  
 13a. FATHER'S NAME Unk. 13b. MOTHER'S MAIDEN NAME Unk. 14. NAME OF HUSBAND OR WIFE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give war or dates of service) Unk  
 16. SOCIAL SECURITY NO. Unk 17. INFORMANT Chronic Hospital Address 5800 Arsenal

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) PNEUMONITIS  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BULBAR PALS  
 DUE TO (c) 356.0  
 INTERVAL BETWEEN ONSET AND DEATH 3-4 DAYS  
SEVERAL YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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 7-5-61 to 10-16-61 and last saw her/him alive on 10-16-61  
 Death occurred at 2:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Keeney M.D. (Degree or title) 22b. ADDRESS 5800 Arsenal Ave 22c. DATE SIGNED 10-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 23b. DATE 10-31-61 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS 1104 Manchester Ave. St. Louis 10, Mo. 25. DATE RECD. BY LOCAL REG. OCT 20 1961 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.