

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036434

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9392 STATE FILE NUMBER

1. **FILED OCT 1 1 1962**
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in 1b 2 weeks
 c. FULL NAME OF (IF NOT in hospital, give location) Deaconess Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 7521 Lansdowne Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Claude Middle Percy Last Luckett 4. DATE OF DEATH Month Sept. Day 29 Year 1962
 5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-3-1877 9. AGE (last birthday) 85
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman 10b. KIND OF BUSINESS OR INDUSTRY Hosiery Business 11. BIRTHPLACE (City and state or country) St. Charles, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Robert F. Luckett 13b. MOTHER'S MAIDEN NAME Louisiana Mc Elhinney 14. NAME OF HUSBAND OR WIFE none
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____ 17. INFORMANT Jane C. Luckett 7521 Lansdowne (19) Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 10 years
 DUE TO (b) ~~XXXXX~~ Bronchitis and pneumonic reaction, due to emphysema 2 years
 DUE TO (c) 420.0

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. 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.) None

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 Jan. 22, 1961 to Sept. 29, 1962 and last saw ^{him} _{her} alive on Sept. 29, 1962
 Death occurred at 11:00 a.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. H. Mednick M.D. 22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Missouri 22c. DATE SIGNED 10/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 10-2-62 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR MITTELBERG GERBER COLONIAL CHAPEL 25. DATE RECD. BY LOCAL REG. OCT 1 1962 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

DOCUMENT
 MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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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 Harvey Kahl

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo.

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.