FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34541

FILED OCT 23 1948

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 8798

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4256 FLAD AVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 4256 FLAD AVE (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LYDIA P. OTHER

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM F. OTHER

6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPTEMBER (Month) 17 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	0	21	hr. min.

9. Birthplace ST. LOUIS, MO (City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business AT HOME

FATHER
12. Name WILLIAM A. LUFT
13. Birthplace ST. LOUIS, MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SOPHIA MEYER
15. Birthplace CREVE COEUR, MO. (City, town, or county) (State or foreign country)

16. (a) Informant Wm F. OTHER

(b) Address 4256 FLAD AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 11, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEMETERY

18. (a) Signature of funeral director Wm J. Robert L. U. Co

(b) Address 1905 So. GRAND BLVD

19. (a) OCT 11 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 8 year 1948 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct 1, 1941, to Oct 8, 1948; that I last saw her alive on Oct 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis chronic dolecystitis non calculous

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. L. Merkler (M. D. or other)

Address 3507 Potomac Date signed 10-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....J. Allen Davis, Jr.....

Licensed Embalmer No.....5043.....

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 this body is not embalmed, fact should be so stated above.