

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15075

State File No. _____

FILED MAY 9 - 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1196

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 17</u>	
c. LENGTH OF STAY (in this place) <u>16 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>Lile Ave. 7731</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7731 Lile</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LLOYD</u>	b. (Middle) <u>ARTHUR</u>	c. (Last) <u>FLUCKEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1952 3 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1899 10-8-1952</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 2 HRS. Days <u>25</u>	IF UNDER 24 MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tea & Spice</u>	11. BIRTHPLACE (State or foreign country) <u>TOWER HILLS /LL.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>L. B. FLUCKEY</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Higginbotham</u>	14. NAME OF HUSBAND OR WIFE <u>Mae Young Fluckey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-09-6247</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mae Young Fluckey</u>	ADDRESS <u>7731 Lile Ave</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Obstructions</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ankylosing Spondylitis</u>		
	DUE TO (c) <u>Bulbar Palsy Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Them corrected from affidavit Jan 1 dir. 11-2-60</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3560</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 29, 1949, to May 1952, that I last saw the deceased alive on 5/1/52, 1952, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Mae Young Fluckey</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4952 Maryland</u>	23c. DATE SIGNED <u>5-5-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/6/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Saint Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-6-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Ambruster Inc.</u>	ADDRESS <u>6633 Clayton Rd</u>
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Ernest W. Spiller*.....

Licensed Embalmer No. *4080*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 15075

State of Missouri }
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 27th day of October, 1950, before me appears Fred J. Farmer, who, upon his oath, states that the original death record of Lloyd Arthur Fluckey, ~~xxxx~~ died May 3, 1952, in the State of Missouri, and which was filed at Jefferson City, Missouri on _____, 19____, should be corrected as follows:

Item No. 8 should read October 8, 1899

Instead of October 8, 1952

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Fred J. Farmer

Relationship.

6633 Clayton Rd.,

Present Address.

Subscribed and sworn to before me this 27th day of October, 1950.

My Commission expires May 4, 1963 Joseph L. Steudemer Notary Public.

1. Affidavit not to be signed by a person who is not a resident of Missouri.
2. An affidavit already amended once by this Bureau cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

