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

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5379

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1229 N. 2nd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2289 28 Lucas

3. NAME OF DECEASED (Type or Print): a. (First) Luke b. (Middle) White c. (Last) Male

4. DATE OF DEATH (Month) (Day) (Year): 5 7 56

5. SEX: Male
6. COLOR OR RACE: Mac
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Luke
8. DATE OF BIRTH: Oct. 1890
9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Luke
10b. KIND OF BUSINESS OR INDUSTRY: Luke
11. BIRTHPLACE (City and State or Foreign Country): Luke
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Luke
13b. MOTHER'S MAIDEN NAME: Luke
14. NAME OF HUSBAND OR WIFE: Luke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Luke (If yes, give war or dates of service): Luke
16. SOCIAL SECURITY NO.: Luke
17. INFORMANT'S SIGNATURE OR NAME: E. Vaylo ADDRESS: 1300 Clark

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd and 3rd Degree | INTERVAL BETWEEN ONSET AND DEATH: burns

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) 95% of Body Surface
DUE TO (c) When burned in fire

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Ulcer of original Bldg at

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 1229 N. 2nd St. May 7, 1956
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bldg
21c. (CITY, TOWN, OR TOWNSHIP): St. Louis (COUNTY): E916.6 (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 7 56 7:40 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fire in Bldg

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:35 *m., from the causes and on the date stated above.*

23a. SIGNATURE: James M Kelly (Degree or title): Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 5-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 6-6-56
24c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: JUN 5 1956
REGISTRAR'S SIGNATURE: Paul Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Albert H. Hoppe ADDRESS: 4700 Washington Blvd.
(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 emb

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. (Fa
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.