

# Ernest A Lucks

[Memorial](#)[Photos](#)[Flowers](#)[Share](#)[Edit](#)

[Learn about removing the ads from this memorial...](#)

Birth: Aug. 23, 1878  
Death: Dec. 1, 1954

Burial:  
[Laurel Hill Memorial Gardens](#)  
Pagedale  
St. Louis County  
Missouri, USA

[Edit Virtual Cemetery info](#) [?]

Created by: [Laura](#)  
Record added: Sep 15, 2013  
Find A Grave Memorial# 117090994



Cemetery Photo  
Added by: [Bob Farmer](#)

42582

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10-48

FILED DEC 17 1954

State File No. ....

318

1003

Registrar's No. 11024

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>2109 2935 Barrett St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b>			b. (Middle) <b>A.</b>		c. (Last) <b>LUCKS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER 1, 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 23, 1878</b>		9. AGE (In years last birthday) <b>76</b>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Bakery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Herman Lucks</b>			13b. MOTHER'S MAIDEN NAME <b>Amelia Kuemmel</b>		14. NAME OF HUSBAND OR WIFE <b>Johanna Lucks</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Nil</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Johanna Lucks,</b>		ADDRESS <b>2935 Barrett St.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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? <b>6000</b>			
22. I hereby certify that I attended the deceased from <b>11-22-54</b> , 19___, to <b>12-1-54</b> , 19___, that I last saw the deceased alive on <b>12-1-54</b> , 19___, and that death occurred at <b>2:45P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>V.A. Kolman M.D.</b> (Degree or title)				23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>12-1-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-4-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>DEC 3 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington.</b>	

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