

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
City St. Louis

Registration District No. 791  
Primary Registration District No. 3003  
St. St. Marys Infirmary Ward

File No. 14309  
Registered No. 3480

2. FULL NAME

(a) Residence, No. 14309, St. NR Ward.

(Usual place of abode) Pikeville, Mo. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Cadd 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ida Lucas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 65

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME John Lucas Mo.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Margaret Chambers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Ida Lucas  
Pikeville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Father Dubson April 27 1934

19. UNDERTAKER (ADDRESS) A. P. Best and Co.  
2726 Lucas Ave

20. FILED 1934 19 Jeff Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1934, to 4-3, 1934

I last saw him alive on 4-31, 1934. Death is said

to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis  
930  
398  
J. M. C.  
Other contributory causes of importance:  
Chr. Rheumatism

Date of onset

Name of operation in Date of

What test confirmed diagnosis? in Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

accident, suicide, or homicide? in Date of injury, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury in

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Gray Reynolds, M. D.

(Address) 243 E. 5th

