

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.

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

Do not use this space.

27 1937

13486

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

File No. _____

Township _____

Primary Registration District No. 6938a

Registered No. 115

City Clayton

(No. St. Louis County Hospital)

St. _____

Ward _____

2. FULL NAME Katherine Lucas

(a) Residence, No. 2601 Woodson Rd. St. Ward. Overland

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in _____ or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dave H. Lucas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1892

7. AGE YEARS 45 MONTHS 3 DAYS 3 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) St. Charles, Mo Missouri

13. NAME George Peters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harvester St. Charles, Mo Missouri

15. MAIDEN NAME Minnie Koch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo Missouri

17. INFORMANT (ADDRESS) Dave Lucas & Co 2601 Woodson Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar 22 1937

19. UNDERTAKER (ADDRESS) Parthey Boyd Co Webster Groves

20. FILED 3/21 1937 Drajesignowicz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 / 19 / 1937

22. I HEREBY CERTIFY, That I attended deceased from 3 / 17 1937, to 3 / 19 1937

I last saw her alive on 3 / 19 1937. Death is said to have occurred on the date stated above, at 7:30 P. m.

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

Chr. Myocardial Deg.
Emphy. Arteriosclerosis
Hypertension
Hypostatic Pneumonia (RT)

Date of onset 4 yrs

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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 _____ Nature of injury _____

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

If so, specify _____ (Signed) Laura C. Franklin, M. D.

(Address) County Hospital

