REC'D JUN 7 1938

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

19583
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis
(b) Township Carondelet
(c) City
Registration District No. 784
Primary Registration District No. 20
Registered No. 927
(d) Street No. Mt. St. Rose Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Lucas
(a) Residence, No. 4237 Ravenwood Ave., St. Pine Lawn
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Laura E. Lucas (Miles)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1899

7. AGE: Years 38 | Months 7 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Meat Cutter
9. Industry or business in which work was done, as saw mill, bank, etc. Kroger Co.
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) Glen Carbon Ill.

FATHER
13. NAME Martin Lucas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

MOTHER
15. MAIDEN NAME Rose Petlozoski
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithunia

17. INFORMANT Mrs. Laura E. Lucas
(ADDRESS) 4237 Ravenwood, Pine Lawn, Mo.

18. BURIAL, CREMATION, OR REMOVAL May 30, 1938
PLACE Calvary, Edwardsville, Ill. DATE

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED MAY 28 1938 J. R. Meyer M.D. D.P.H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from December - 16, 1937, to May - 26, 1938
I last saw him alive on May - 26, 1938 Death is said to have occurred on the date stated above, at 9:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1937
Toxic Myocarditis	May 1938

Other contributory causes of importance:

Name of operation Pneumoperitoneum Date of Feb 38
What test confirmed diagnosis? X-Ray Sputum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19..
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) John J. Bausch Resident, M. D.
(Address) Mt St Rose Sanitorium St Louis Mo

Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 2 1945

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo

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

If this body is not embalmed, above space should be left blank.