

REC'D DEC 12 1938

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

37198
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Mo-Baptist 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.

Registered No. **9525**

2. PRINT FULL NAME **22A Infant Lucas**

(a) Residence, No. **5875 Cabanne** St. **5**
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Child**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 1, 1938**

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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. Louis, Mo. 0**

FATHER 13. NAME **Wilder Lucas**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo. 0**

MOTHER 15. MAIDEN NAME **Ruth Houck**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scranton, Penn. 1**

17. INFORMANT **Wilder Lucas**
 (ADDRESS) **5875 Cabanne Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Nov. 2, 1938**

19. FUNERAL DIRECTOR **Alexander & Sons,**
 (ADDRESS) **6175 Delmar Blvd**

20. FILED **NOV 2 1938** **J. Bredbeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 1, 1938, to Nov. 2, 1938**

I last saw h. & r. alive on **Nov. 2, 1938.** Death is said to have occurred on the date stated above, at **3 AM.**

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

Pneumonia from aspiration Broncho, Primary

Date of onset **11-1-38**

Other contributory causes of importance: **107a**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **Yes**

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? **Yes**
 If so, specify **Pneumonia**
 (Signed) **Paul J. Zentay**, M. D.
 (Address) **634 N. Grand**

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.

1888 J. W. McManis

STATEMENT BY LICENSED EMBALMER

I, Not Embalmed, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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