

1939 JAN 11 1939

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

41176
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City of St. Louis (d) Street No. City Hospital #1 St.
(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.

Registration District No. 1003

Primary Registration District No.

Registered No. 10868

2. PRINT FULL NAME

Mary Lucky
(a) Residence, No. 1806 S. 13th Street St. 23
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of John E.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 2 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Wheeling West Virginia

FATHER 13. NAME Thos. C. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling West Virginia

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT John E. Lucky
(ADDRESS) 1806 A. 13th St

18. BURIAL, CREMATION OR REMOVAL in St. Matthews Cem DATE 12/19/38 19.

19. FUNERAL DIRECTOR A. W. McLaughlin
(ADDRESS) 2301 Lafayette Avenue

20. FILED DEC 19 1938 J. D. Budek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17/38 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... 5:55 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Cholelithiasis Date of onset
Chronic Enteritis
Chronic Enteritis Hepatic

Other contributory causes of importance:
Cardiac Hypertrophy

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

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) Joseph M. Quinn
(Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, L. O. Cooper, Licensed Embalmer No. 3633

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

L. E.

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

Signed L. O. Cooper
Licensed Embalmer No. 3633

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.)