

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.

JAN 12 1940

Registration District No. 1003

Primary Registration District No. _____

1. PLACE OF DEATH: 2
(a) County City of St Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2211 Cass XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution xxx
(Specify whether
In this community Five years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County City of St Louis
5 years,
(c) City or town 2211.A.Cass,AVE,St Louis,Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.: Born in U.S.A. years.

3. (a) PRINT FULL NAME Georgia Grant McLucas. 247

3. (b) If veteran, name war. xxx 3. (c) Social Security No. xxx

4. Sex Female, 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. Paul McLucas, 6. (c) Age of husband or wife if alive 40, years

7. Birth date of deceased August 25th 1912.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>27</u>	<u>3</u>	<u>9</u>	hr. _____ min.

9. Birthplace Mariana, Lee County, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation House-Wife,

11. Industry or business House Wife,

12. Name Willis Grant,

13. Birthplace Sulpher County, Ala.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Thomas,

15. Birthplace Yazoo County, Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature David McLucas

(b) Address 2211.A.Cass,Ave,St Louis, Mo.

17. (a) _____ (b) Date thereof 12-10-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation father's Dickson

18. (a) Signature of funeral director Lee J. Culler

(b) Address 2812, Thomas, St. St. Louis, Mo.

19. (a) DEC 9 1939 (b) J. D. Brudick
(Date received final report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th,
year 1939. hour 9; minute 25.P. M.

21. I hereby certify that I attended the deceased from Jan 28th
1939, to Dec. 4th, 1939;
that I last saw her alive on Dec. 4th, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Luteal Hypertension Duration Unknown

Due to _____
Due to _____

Other conditions Chronic Luteal Hypertension 1 year
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter D. Dumbell (M. D. or other) _____
Address 4738 4 Harrison Date signed 12/5/39

STATEMENT BY LICENSED EMBALMER

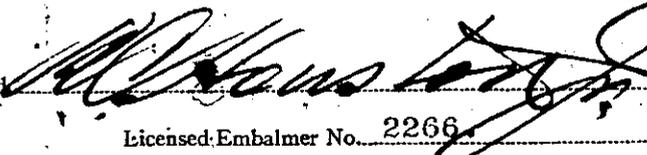
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself,

Registered Apprentice No.....

working under my personal supervision.

Signed


Licensed Embalmer No. 2266

P. O. Address 2812, Thomas, St Louis

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.)

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