

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

Do not use this space.

44622

**1. PLACE OF DEATH**

County St. Louis <sup>2</sup>

Registration District No. 784

Township 1

Primary Registration District No. 107

City LaDue

No. 10 Willow Hill Rd

File No. \_\_\_\_\_

Registered No. 2253

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** <sup>207</sup> Harry W Lucia

(a) Residence, No. 10 Willow Hill Rd St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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

**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 Lula Lucia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/27/1879

7. AGE, YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
60 9 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Signal Co.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan <sup>1</sup>

FATHER 13. NAME John F. Lucia <sup>2</sup>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario

MOTHER 15. MAIDEN NAME Elizabeth Mathews <sup>1</sup>

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT Lula Lucia  
(ADDRESS) 10 Willow Hill Rd

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Grove DATE 12/22/39 19.

19. UNDERTAKER Robert J. Ambruster  
(ADDRESS) 6633 Clayton Road

20. FILED DEC 21 1939 J.R. Meyer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20- 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1929, to Dec. 19 1939

I last saw him alive on Dec. 19 1939 Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Bronchopneumonia Date of onset 4 days

Other contributory causes of importance:  
Myocarditis, chronic  
Hypertension

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? No

If so, specify \_\_\_\_\_

(Signed) Alfred M. Langenbach M. D.

(Address) 15427 Southwestern Ave.

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.

1939

This is to certify that the body of Harry W. Lucia has been  
Embalmed by me.

*Edward H. Bockhorst*

License #2502

Clayton Mo.