

Registration District No. 791Primary Registration District No. 1003Registrar's No. 1186

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: 1716 Lawrence St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 1716 Lawrence St (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Lulu Josephine Phillips McCune3. (b) If veteran,
name war: *****3. (c) Social Security
No. *****4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced Widow6. (b) Name of husband or wife
Octavis McCune6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased June 26 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 7 8 hr. _____ min.9. Birthplace Illinois
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business _____

12. Name Godfrey Freeman13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Unknown
(City, town, or county) (State or foreign country)15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lilly Phillips(b) Address 1716 Lawrence St17. (a) Burial (b) Date thereof Feb 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Matthews Cemetery18. (a) Signature of funeral director Pentz Brothers(b) Address 3029 Lafayette Ave19. (a) FEB 6 1940 (b) J. B. Buelck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County _____
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
 (d) Street No. 1716 Lawrence St (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd,
year 1940 hour 2 A. M. minute _____ M.21. I hereby certify that I attended the deceased from
October 1st, 1939, to January 31st, 1940
that I last saw her alive on January 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of the gall bladder May 1939

Due to _____

Due to _____

AnemiaOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

Oct. 1
1939

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 J. B. Buelck (M. D. or other) _____
Address 2278 S. Jefferson Date signed Feb. 5

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 Frank J Owen
Licensed Embalmer No. 2245
P. O. Address.....

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.