

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME John E. Lucas 220

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 21, 1921
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>4</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace St. Louis Co., Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At School 1

11. Industry or business _____

12. Name Ernest J. Lucas 131 0

13. Birthplace Oklahoma _____
(City, town, or county) (State or foreign country)

14. Maiden name Anna Frey

15. Birthplace St. Louis County, Mo. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ernest J. Lucas, father

(b) Address 8918 Madge Ave., Brentwood

17. (a) Burial (b) Date thereof Apr. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. Kirk.

18. (a) Signature of funeral director [Signature]
 (b) Address 7146 Manchester Ave.

19. (a) APR 9 1940 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
 (c) City or town Brentwood, NR
(If outside city or town limit, write "RURAL")
 (d) Street No. 8918 Madge Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 8
 year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Apr. 7-18 40
 _____, 19____, to Apr 8, 19____

that I last saw him alive on Apr 8, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Fibrous Pericarditis

Due to Uncertain

Due to Subacute glomerular nephritis

Other conditions caused by chr. nephritis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy Performed Dec 20 40

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 Romewether (M. D. or other) [Signature]

Address 8720 Washington Date signed 4/8/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *746 Manchester*

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.