

16744

4222

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registrar's No.

JUN 15 1940

Registration District No.

791

Primary Registration District No.

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: HOMER G. PHILLIPS 1
 (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 WILLIAM LUCAS JR.3. (b) If veteran, name war ✓ 3. (c) Social Security No. 412-05-6719

4. Sex MALE 5. Color or race COL
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 1 years
 7. Birth date of deceased JAN 1 1906
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>4</u>	<u>7</u>	hr. min.

9. Birthplace TUNICA MISS.
(City, town, or county) (State or foreign country)10. Usual occupation LABORER11. Industry or business MISSOURI BAG CO.12. Name JIM LUCAS13. Birthplace MISS.
(City, town, or county) (State or foreign country)14. Maiden name CEALINE RED
(City, town, or county) (State or foreign country)15. Birthplace MISS.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature THRESSA WANT(b) Address 4666 COOK AV.17. (a) _____ (b) Date thereof 5 20 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Junice MISS.18. (a) Signature of funeral director AF BUDDIE WALTON(b) Address 2707 STORDARD ST19. (a) JUN 11 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST LOUIS 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2801 DELMAR BLV.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7th
year 1940 hour 6:00 minute _____ P. M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Impaled Fracture Duration _____of face and skull andLaceration of BrainDue to suffered when hewalked down front of aChicago and Alton Avenuebeing damaged by CharlesDavis Engineer andMaster Driver, ChicagoOther conditions: _____

(Include pregnancy within 3 months of death)

Mfr or findings: Impaled R.R. Track Physician _____of operationBeddy of about 5" x 1/2" Underline the cause to which death should be charged statistically.Of autopsy 5/7/40 accident

If death was due to external causes, fill in the following:

Accident, suicide, or homicide (specify) Accident(b) Date of occurrence 5/7/40(c) Where did injury occur St. Louis
(City or town) (County) (State)(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Public Place
(Specify type of place) (e) Means of injury _____

While at work _____

23. Signature Joseph M. ... M. D. or other _____Address ... Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39 I X1931

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.

1875

John

John

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 Robert H. Powell

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

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.