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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40405

Registrar's No. 10176

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

1. PLACE OF DEATH:
(a) County St Louis 3
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St Louis Mo. 20
(If outside city or town limits, write "RURAL")
(d) Street No. 1925 a N Leffingwell Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Samuel Lucas

3. (b) If veteran, name war Yes

3. (c) Social Security No. 499-01-6074

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife ----------

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased ~~Aug~~ July 29 1890
(Month) (Day) (Year)

8. AGE: Years 50 | Months 4 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace St Joesph (City, town, or county) La. (State or foreign country) 1

10. Usual occupation 2

11. Industry or business Laborer 1

FATHER
12. Name Bill Lucas 1
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzie Williams
15. Birthplace ? (City, town, or county) La. (State or foreign country)

16. (a) Informant Joe Thomas
(b) Address 2314 a Carr St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Nat. Cem. Jeff. Barr. Mo.

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St

19. (a) _____ (Date received local registrar) (b) J. N. Bredick (Registrar's signature)

DEC 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9
year 1940 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aneurysm of Aorta;

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury 5

23. Signature Joseph N. Lucian (M. D. or other)
Address Deputy Co. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. B

....., Registered Apprentice No. Mag

working under my personal supervision.

Signed Lonnie Boyd

Licensed Embalmer No. 294

P. O. Address St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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