

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43931

FILED JAN 8 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2437

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
56 Webster Acres
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 56 Webster Acres.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME William A. Lucas

8. (b) If veteran, name war none

8. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 1940 hour 10⁴⁵ minute 40 A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emma J. LUCAS

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 7 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/1 1940 to 12/23 1940
that I last saw him alive on 12/23 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

78 — 16 hr. _____ min.

Immediate cause of death

Myocarditis Chronic 1/4.40

Due to _____

Chronic Interstitial Nephritis 1/4.40

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Architect

11. Industry or business _____

MOTHER FATHER { 12. Name Charles S. Lucas

13. Birthplace Budapest Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Waignann

15. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations 131

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Emma J. Lucas

(b) Address 56 Webster Acres

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

17. (a) Burial (b) Date thereof 12 26 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

(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? _____

18. (a) Signature of funeral director Wagoner Und. Co

(b) Address 3621 Olive St.

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) DEC 24 1940 (b) TR. Maynard DeLoach
(Date received filed) (Registrar's signature)

23. Signature Albert F. Bina (M. D. or other) 1

Address 1841 212th Date signed 12/23/40

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

18211 So-12-20 B4

7-8-P.M.

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.....

Robert T. Sangster

....., Registered Apprentice No. 259

working under my personal supervision.

Signed.....

Nevelle S. Rodwittter

..... Licensed Embalmer No. 3696

..... P. O. Address 3621 Olive St.

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.