No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 756

Registration District No. 791 — FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 756

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

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: 1212 Missouri (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 2217

(d) Street No. 1212 Missouri Ave. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George Lucas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Carrie Lucas

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May (Month) 12 (Day) 1883 (Year)

8. AGE: Years 57 Months 7 Days 9 If less than one day hr. min.

9. Birthplace East Crondelet (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown 9 Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant Carrie Lucas

(b) Address 1212 Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 25 (Day) 41 (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Peoples Burial League

(b) Address 3100 Franklin Ave.

19. (a) JAN 23 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1941 hour 12 minute 01 A.M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Jan 21, 1941; that I last saw him alive on Jan 20, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	?
Due to: Edema	
Due to: 93d	
Other conditions (Include pregnancy within 3 months of death): 93c	
Major findings: Of operations	
Of autopsy	

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

23. Signature H. G. Moore (M. D. or other)

Address 1004-50.18 Date signed 1-23-41

(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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Henry A Goodin

Licensed Embalmer No. 3050

P. O. Address 4237 W Lalrac

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

If this body is not embalmed, fact should be so stated above.