

FILED MAR 25 1941

Registration District No. _____

Primary Registration District No. _____

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: Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos 14 days
In this community 15 years
(Specify whether 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") 1721
(d) Street No. 909 Cardinal
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1941 hour 4:20 minute A M.
21. I hereby certify that I attended the deceased from October 27, 1940 to February 11, 1941;
that I last saw h. im alive on February 11, 1941.
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Joe Lucas

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 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 Unknown
(Month) (Day) (Year)

8. AGE: Years About 44 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer (day)

11. Industry or business _____

12. Name John Lucas

13. Birthplace St. Charles 0 Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Williams

15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant's John Williams
(b) Address Alton, Ill

17. (a) Removal (b) Date thereof 2/15/41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) FEB 13 1941 (b) J. W. Johnson
(Date received local health officer) (Registrar's signature)

Immediate cause of death _____
Hypertensive Heart Disease } Prob 2 years
Chronic Nephritis }
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy As above

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? _____

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

23. Signature J. W. Johnson (M. D. or other) 0
Address 2601 N Whittier Date signed _____

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 Joel Russell
Licensed Embalmer No. 4112

P. O. Address.....

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, fact should be so stated above.