S. No. 2
1—1-4-41
7. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12496

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2926

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: 4167 Maryland Ave.
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4167 Maryland Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Virginia Allen Lucas
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife Child
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 19 (Day) 1938 (Year)
8. AGE: Years 2 Months 8 Days 12 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Child
11. Industry or business
MOTHER FATHER
12. Name Unknown Allen
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Dorothy Brookman
15. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Victor Lucas
(b) Address 4167 Maryland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/41 (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) APR 2 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1941 hour 7:00 minute A.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 Carbon Monoxide Poisoning
Due to Burns of Face, Second and Third Degree of entire body following a Conflagration
Due to Undetermined Origin about 7:00 am 4/1/41
Other conditions (Include pregnancy within 3 months of death) Cause and Manner of Same Could not be Determined
Major findings:
Of operations 4167 Maryland Ave
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) Accident
(b) Date of occurrence 4/1/41 7:00 A.M.
(c) Where did injury occur? St. Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F. Callaway (M. D. or other)
Address Deputy Coroner Date signed 4/2/41

(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.

No Embalm

Signed.....

Licensed Embalmer No.....

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.