

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

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:  
4954 Tyrolean  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 3 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4954 Tyrolean  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

MAGDALENE LUCAS

3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Frank X. Lucas  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 3 1858  
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis 0 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Carl Beutler  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
FATHER { 14. Maiden name Barbara Leppert  
15. Birthplace Bavaria  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Austin H. Biggs  
(b) Address 4954 Tyrolean  
17. (a) burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Alexander & Sons, Inc.  
(b) Address 6175 Delmar Blvd.

19. (a) JUN 17 1941 (b) J. F. Bruders  
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15~~th~~  
year 1941 hour 9 minute 05 M.  
21. I hereby certify that I attended the deceased from April 10  
1941 to June 15 1941  
that I last saw her alive on June 15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days  
Due to Carcinomatous metastases to lung from breast carcinoma

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 50  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature H. P. Atherton (M. D. or other) M.D.  
Address 830 Purdue Date signed 6-16-41

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

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**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 *Joseph E McCullor*

Licensed Embalmer No. *2440*

P. O. Address *61708 2nd*

**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.**