

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

JAN 24 1942 791

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 10389

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 15 days  
(Specify whether

In this community Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis, 21  
(If outside city or town limits, write "RURAL") 12

(d) Street No. 2126a Division  
(If rural, give location) 5

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Lucille Evans

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex Female 3

5. Color or race Bolored

6. (a) Single, widowed, married, divorced 0

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

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

7. Birth date of deceased: July 20, 1900  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>4</u>	<u>8</u>	hr. min.

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

10. Usual occupation Nil

11. Industry or business .....

MOTHER FATHER { 12. Name Steve Lockett 9

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

14. Maiden name Luville Vickers

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

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier

17. Autonomous (Body) (b) Day thereof 12-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington D.

18. (a) Signature of funeral director Washington D.

(b) Address 3800 Ritten

19. (a) DEC 30 1941 (b) G. J. [Signature]  
(Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 28, day 1941  
year .....

hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug. 13, 1941  
to Nov. 28, 1941

that I last saw her alive on Nov. 28, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Duration Unk.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

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) (c) Means of injury .....

23. Signature J. W. Johnson (M. D. or other) 0

Address 2601 N. Whittier Date signed .....

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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.....

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.**