

S. No. 2  
M-9-4-41  
v. 5-17-39  
X29484

9269

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2887

FILED APR 13 1942 91

Registration District No. Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:  
(a) County  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **City Hospital**  
(d) Length of stay: In hospital or institution **3 months**  
In this community **Unknown**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **15**  
(c) City or town **St. Louis**  
(d) Street No. **3225 Portis Ave.**  
(e) Citizen of foreign country? (Yes or No) **0**

3. (a) PRINT FULL NAME **Lucille Stines**  
(b) If veteran, name war **--**  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **30**  
year **1942** hour **2** minute **20 A.M.**

4. Sex **Female**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Charles**  
6. (c) Age of husband or wife if alive **42** years  
7. Birth date of deceased **March 16 1903**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years **39** Months **0** Days **14**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: **Burns of 80% of Body. Deceased with decaying chest became dequilit while smoking a cigarette at her home on Jan 10 1942 at about 1:00 AM**

9. Birthplace **St. Louis Missouri**  
10. Usual occupation **Home**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business  
12. Name **Unknown**  
13. Birthplace **Unknown**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**

Major findings: Of operations **181-1 13**  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Charles Stines**  
(b) Address **3225 Portis Ave.**  
17. (a) **Burial** (b) Date thereof **4 / 1 / 42**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **Jan 19 1942**  
(c) Where did injury occur? **at home**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **15 Home**

18. (a) Signature of funeral director **Jackie Seltzer**  
(b) Address **3634 Gravois Ave.**  
19. (a) **MAP 21-10-42** (b) **J. F. Sedek**

(Specify type of place) **Home**  
While at work \_\_\_\_\_ Means of injury **Burns**  
23. Signature **Alfred Perry** (M. D. or other)  
Address **at home** Date signed **3/21/42**

**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.....

*Robert C. Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *St. Louis, Mo.*

**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.**