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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 15518

Registrar's No. 889

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Prospect Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 426 Leeton Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Prospect Hill
(If outside city or town limits, write "RURAL")

(d) Street No. 426 Leeton Avenue
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Charles Lucious

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

3. (c) Social Security No. [illegible]

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Cora

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased October 27, 1880
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	5	20	..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business Portland Cement Co.

FATHER
12. Name Charles Lucious
13. Birthplace Tuscaloosa Co. Alabama
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Witherspoon
15. Birthplace Tuscaloosa Co. Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Wells

(b) Address 426 Leeton Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/42
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107-09 Finney Avenue

19. (a) APR 22 1942 (Date received local registrar) (b) E. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1942 hour 3 minute 30A M.

21. I hereby certify that I attended the deceased from Apr 10, 1942 to Apr 17, 1942 that I last saw him alive on April 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
$ 1 yr

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature S. E. Moon (M. D. or other)

Address 809 N Jefferson Date signed 4/17/42

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1942

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 James Arthur Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.