S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16386

FILED JUN 15 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4842

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

1. PLACE OF DEATH:

(a) County ~~2737 Eugenia St.~~

(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 2737 Eugenia St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 yrs
years, months or days)

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. 2737 Eugenia St
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Cora Lucas

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

3. (c) Social Security No. None

4. Sex F 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Charles B. Lucas

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

7. Birth date of deceased 8 (Month) 8 (Day) 1887 (Year)

8. AGE: Years 56 Months 9 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Starksvill (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Zeke Deloch
(b) Address 2914a Laclede Ave

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Geo Lowe
(b) Address 2930 Dickson St

19. (a) JUN 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 42 hour 4 minute P M.

21. I hereby certify that I attended the deceased from May 25, 1942 to May 29, 1942 that I last saw her alive on May 29, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	
Due to Hypertension	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature W. Alfound (M. D. or other)
Address 2316 Market Date signed .....

(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.

Signed Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 3028 Dickso

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.