U. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32018

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 8405

1. PLACE OF DEATH:
(a) County: Mo
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4063 - Finney Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Mo
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 4063 - Finney Ave.
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Lucy A. Hancock
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: F 3
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Richard Hancock
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March (Month) 17th (Day) 1850 (Year)

8. AGE: Years 92 Months 6 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace: Unit Ville (City, town, or county) Tenn (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: None
FATHER
12. Name: James Ray
13. Birthplace: Unknown (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name: Caroline Wilson
15. Birthplace: Unknown (City, town, or county) Tenn (State or foreign country)
16. (a) Informant: Ella Mae
(b) Address: 4063 - Finney
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem.
18. (a) Signature of funeral director: Mauvel Und. Co
(b) Address: 4059 - Finney Ave
19. (a) OCT 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7 year 1942 hour 10 minute 67 P.M.
21. I hereby certify that I attended the deceased from 1935, 19__, to 10-7-, 1942
that I last saw her alive on 10-7-, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: J. T. Edwards (M. D. or other)
Address: 1936 Franklin Av. Date signed: 10-9-42

(Licensed Embalmer's Statement on Reverse Side)

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

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 William C. McDowell, Registered Apprentice No. _____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.