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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32505

FILED OCT 21 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8375

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Park Lane Memorial Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1149 Veronica Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lucy C. Underwood

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert P. Underwood

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

7. Birth date of deceased October 4, 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	0	4	hr. min.

9. Birthplace Est St. Louis Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Joseph C. Kinney
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Brady
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant R.P. Underwood
(b) Address 1149 Veronica Ave

17. (a) Burial (b) Date thereof 10/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) OCT 9 1942 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th
year 1942 hour 6:12 AM minute M.

21. I hereby certify that I attended the deceased from April, 1942 to Oct 8, 1942
that I last saw her alive on Oct 8, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of lungs & mast (mediastinum)	2 mo
Due to Carcinoma of breast	
Due to Primary [illegible] Breast	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of breast	
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 Wm A. Knight (M. D. ~~or other~~)

Address 8201 N. Broadway St Louis Mo Date signed 10/8/42

(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 F. A. Williamson

Licensed Embalmer No. 3565

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.