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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3548/

State File No. 11

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 81

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: 7031 Glenmore /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 24 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County ST. LOUIS 0

(c) City or town ~~St. Louis~~ NORMANDY 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7031 Glenmore
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CLAUDE EARNEST SECREASE

3. (b) If veteran, name war No

3. (c) Social Security No. 490-03-4976

4. Sex M

5. Color or race W 0

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

6. (b) Name of husband or wife Lottie Mae

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased July 22nd 1902 (Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace [illegible] Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Superior Folding Box Co.

FATHER
12. Name James A. Secrease
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Smith
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Mae Secrease
(b) Address 7031 Glenmore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) JAN 13 1943 (Date received by registrar) (b) E. G. McGovern (Registrar's signature) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th year 1943 hour 6 minute 55 a M.

21. I hereby certify that I attended the deceased from 10/12/~~43~~ 1942 to Jan 11 1943 that I last saw h[illegible] alive on Jan 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Carcinoma upper sulcus left lung (Pancoast Tumor) May 1942

Due to

Other conditions 472
(Include pregnancy within 3 months of death)

Major findings: Of operations Biopsy gland left supra-clavicular space verified diagnosis along with X-Ray

Duration

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 None

(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 Delevan Calkins (M. D. or other) MD

Address 2301 N. King's Highway Blvd. Date signed Jan 12 1943

(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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.