

V. S. No. 2
SOM-5-42
Rev. 5-17-39
X32873

11462

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 15 1943

Registration District No. _____

Primary Registration District No. 101

Registrar's No. 533

1. PLACE OF DEATH: St. Louis

(a) County Clayton

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

(c) Name of hospital or institution: St. Louis County Hospital

(d) Length of stay: In hospital or institution 3 days (Specify whether)

In this community: 2 1/2 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town S. Kinloch (If outside city or town limits, write "RURAL")

(d) Street No. King and Carson Rd. (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Geneva Lucas

3. (b) If veteran, name war. ? 3. (c) Social Security No. ?

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased Sept. ? 1895 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	5	?	_____ hr. _____ min.

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

10. Usual occupation maid

11. Industry or business _____

12. Name Unknown Unknown

13. Birthplace ? ? (City, town, or county) (State or foreign country)

14. Maiden name ? ?

15. Birthplace ? ? (City, town, or county) (State or foreign country)

16. (a) Informant Mable Wilson

(b) Address King-carson S. Kinloch mo

17. (a) Burial (b) Date thereof 3-5-43 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Boyd Bros 34 Home

(b) Address 215 S. Kinloch mo

19. (a) MAR 5 1943 (Date received local registrar) (b) G. W. Decker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1943 hour 5 minute :40 A.M.

21. I hereby certify that I attended the deceased from 2-27-43 to 3-2-43 that I last saw h. er. alive on 3-2-43 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory & cardiac failure

Due to: Arterio-sclerotic heart disease

Due to: Central hemorrhage & hgt. hemiplegia

Other conditions: Pericarditis etc. (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy: 93d

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature: Georges Laguerre (M. D. or other) M.P.

Address: St. Louis County Mo. Date signed 3-3-43

Duration _____ years?

_____ years?

_____ years?

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

96
3020

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.