

APR 19 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3354

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:
Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 years
(Specify whether
 In this community Same
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. 5351 Delmar Blvd.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Lucy Irvin
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8,
 year 1943 hour 4.55 minute A. M.
 21. I hereby certify that I attended the deceased from February 24, 1935, 19... to April 8, 1943, 19...
 that I last saw her alive on April 7, 1943, 19...
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 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 October 18, 1862
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Liver
 Duration 3mths.

8. AGE: Years Months Days If less than one day
80 5 20 hr. min.

Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death).....

9. Birthplace Mineral Point, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Samuel Irvin
 13. Birthplace Albemarle County, Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Christina Hilt
 15. Birthplace Barry County, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations.....
 Of autopsy.....

16. (a) Informant Clara Rother
 (b) Address 5351 Delmar Blvd. St. Louis

17. (a) Burial (b) Date thereof 4/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
 (b) Address 4700 Washington Blvd.

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 [Signature] M. D. or other.....
 Address 508 Richmond Blvd. Date signed 4-8-43

19. (a) APR 5 1943 (b) J. F. Bredok
(Date received local registration) (Registrar's signature)

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

MOTHER FATHER

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address *St. Le*

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.