

D JUN 19 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **De Paul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **Margaret Lucid**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

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

7. Birth date of deceased **November 13 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 28 hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Daniel Sheehan** 13. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Finnegan**

15. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy Lucid**
(b) Address **4673a Pope Ave.**

17. (a) **Burial** (b) Date thereof **6-14-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Calvary Cemetery**
Cullinane Bros.

18. (a) Signature of funeral director _____
(b) Address **1710 N. Grand Blvd.**

19. (a) _____ (b) **J. F. Budeak**
(Date received local registrar) (Registrar's signature)

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. **5316 Cote Brillante**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**
year **1943** hour **9** minute **45** P.M.

21. I hereby certify that I attended the deceased from **April 1942** to **June 11 1943**
that I last saw her alive on **June 11 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Breast with metastasis**

Due to _____

Due to _____

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

Major findings: Of operations **Carcinoma of breast**
Of autopsy _____

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 _____
(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 **Georga Carroll** (M. D. or other) _____
Address **6072 Grand** Date signed _____

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

Fred Frick

Licensed Embalmer No. 3186

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.