

No. 2
M-5-43
7-5-17-39
I X3687

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **628**
411
Registrar's No.

FILED FEB 27 1944 **318**

1003

Registration District No. Primary Registration District No.

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:
En Route to City Hospital #1
(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 Anthony Lucas

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

4. Sex Male 5. Color or race Whites 6. (a) Single, widowed, married, divorced Unknown

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 58 hr. min.

9. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Callahan
 (b) Address Coroners Office

17. (a) Burial (b) Date thereof Jan 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Petz Brothers
 (b) Address 3029 Lafayette Ave

19. (a) JAN 11 1944 (b) J. F. Prudek
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1413 N. 10th St
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day December
 year 1943 hour 5:10 minute P. M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....
 that I last saw h..... alive on....., 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carbon Monoxide poisoning from an
undetermined origin in home at
1413 N. 10th St, around 5:00 O'Clock
P.M. December 28th, 1943 Damage to
Building \$200.00 contents nil

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

Major findings 1780
 Of operations.....

Of autopsy 15

Duration a few

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) Accident **000**
 (b) Date of occurrence December 28 1943

Where did injury occur? 1413 N. 10th St
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Place
(Specify type of place)
 While at work? Yes (e) Means of injury Fire

23. Signature Thomas J. Callahan (M. D. or other)
 Address Deputy Coroner Date signed 1-14-44

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

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.....

.....
working under my personal supervision.

Signed.....

Not Embalmed
Registered Apprentice No.....

Licensed Embalmer No. *2245*

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.