S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5422

FILED MAR 13 1944

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2192

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 912
(If outside city or town limits, write "RURAL")

(d) Street No. 4564 Page
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Frank Lucas

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race 2 Colored

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 9th (Month) 1868 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	0	24	hr. min.

9. Birthplace Owens County Ky. (City, town, or county) / (State or foreign country)

10. Usual occupation Messegar

11. Industry or business

FATHER
12. Name Hilrery Lucas
13. Birthplace Va (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Annie Thomas
15. Birthplace Va. (City, town, or county) / (State or foreign country)

16. (a) Informant Virgel Lucas
(b) Address 4564 Page Ave.

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof March 6 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Louisville Ky.

18. (a) Signature of funeral director A. L. Deal Und. Co.
(b) Address 2726 Lucas Ave.

19. (a) MAR 6 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3, year 1944 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from February 29, 1944 to March 3, 1944; that I last saw him alive on March 3, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Glomerulonephritis	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Alva Massie (M. D. ~~or other~~)
Address Hoxie Whittier Date signed 3/3/44

(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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219 9th Fairfield

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.