

FILED NOV 30 1944

State File No. _____
Registrar's No. **9866**

Registration District No. **318** Primary Registration District No. **1003**

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:
Enroute to City Hosp #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 **Life** 2 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. **4970 Chippewa**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Maidie .C. Lucas**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **19**
year **1944** hour **6.30 AM** minute _____ M.
21. I hereby certify that I attended the deceased from
3/31, 19**41** to **11/19**, 19**44**
that I last saw h **er** alive on **11/19/44**, 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 **Widowed**
6. (b) Name of husband or wife **Frank Lucas** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug 6 1882**
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Thrombus Duration **1 hr**
Due to **Chronic Myocarditis** **3 yrs**
Due to **Chronic Nephritis** **3 yrs**
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days **3** If less than one day
62 **3** **32** hr. _____ min.

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

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housework**
11. Industry or business **at Home**
12. Name **Malvin Clopton**
13. Birthplace **Alabama**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Lawrenson**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy Sullivan**
(b) Address **4970 Chippewa St**
17. (a) **burial** (b) Date thereof **11 22 44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **KRIEGSHAUSER**
(b) Address **4228 S02 KING HIGHWAY**
19. (a) **NOV 21 1944** (Date received local registrar) **J. F. Bredek** (Registrar's signature)

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 **0**
23. Signature **W. L. Simpson** (M. D. or other) **M.D.**
Address **3739 Gravois** Date signed **11/20/44**

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

MOTHER FATHER

Dr Simpson
on Graves

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 *Richard W. Storrard*.....

Licensed Embalmer No. *4007*.....

P. O. Address.....

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.