

FILED MAY 12 1945

Registration District No. 318

Primary Registration District No. 1003

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

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:
6016 S. Duets
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 29 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 6016 S Duets
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Harvey

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Perin 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>about 56</u>			hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Ransom Smith
13. Birthplace Tenn!
(City, town, or county) (State or foreign country)
14. Maiden name Ora Anderson
15. Birthplace Tenn!
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Harvey

(b) Address 6016 S Duets

17. (a) Burial (b) Date thereof 5-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piedmont Mo

18. (c) Signature of funeral director Howard P. Rowland

(b) APR 30 1945 4355 Washington

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 28
year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-19- 1945 to 4-28- 1945
that I last saw h ER alive on 4-28- 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia & Labor Duration 24 hrs
Due to Carcinoma of Fovena 1 yr

Due to _____
Other conditions (Include pregnancy within 3 months of death) 55

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?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature James C. Clark (M. D. or other)
Address 15536 Robin Date signed 4-28-45

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 Howard D. Rowland
Licensed Embalmer No. 2114
P. O. Address Othello, 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.