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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19099

Registrar's No. 5385

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: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Marion 999

(c) City or town Indianapolis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 1752 Brookside Avenue, 0
(If rural, give location)

(e) Citizen of foreign country? NR (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Orville Spencer Lucas

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Mae Lucas

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March (Month) 28 (Day) 1894 (Year)

8. AGE: Years 53 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Railroad conductor

11. Industry or business

MOTHER FATHER

12. Name Allen Lucas

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

14. Maiden name Margaret Hamilton

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

16. (a) Informant John Pahl

(b) Address 2050 N. Michigan, Indianapolis, Ind

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/31/47 (Month) (Day) (Year)

(c) Place: burial or cremation Indianapolis, Indiana

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.,

19. (a) MAY 31 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1947 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Occlusion

Due to Chronic Cortitis

Due to Undetermined

Other conditions (Include pregnancy within 3 months of death) 94 R

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) Place of occurrence (City or town) (County) (State)

(c) Where did injury occur?

(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 3

23. Signature E. Dayton (M. D. or other)

Address Mt. Vernon

(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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.