. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32748

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8913

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital (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 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 0-0-0

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 1830 Papin Street (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: --

3. (a) PRINT FULL NAME: LUCKY, Pearlie

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: Negro

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

6. (b) Name of husband or wife: James Lucky

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

7. Birth date of deceased: Unavailable (Month) 1877 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 70			hr. min.

9. Birthplace: Unavailable (City, town, or county) N. Carolina (State or foreign country)

10. Usual occupation: Housework

11. Industry or business:

FATHER 12. Name: Richard Rother

13. Birthplace: Unavailable (City, town, or county) N. Carolina (State or foreign country)

MOTHER 14. Maiden name: Charlotte Williams

15. Birthplace: Unavailable (City, town, or county) N. Carolina (State or foreign country)

16. (a) Informant: Annie Kensey

(b) Address: 1830 Papin Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Cemetery

18. (a) Signature of funeral director: Charles J. Gates

(b) Address: 4107 Finney Avenue

19. (a) SEP 23 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th year 1947 hour 7:30 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	Duration
Chronic Myocarditis	
Due to: Chronic Interstitial	
Due to: Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 121	
Of autopsy:	

PHYSICIAN — Underline the cause of 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

23. Signature: Patrick E. Taylor M.D.

Address: 1300 Clark Avenue Date signed: 9-23-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 10 1959

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~~ Thomas J. Gates ~~Registered Apprentice No.~~ ~~working under my personal supervision~~

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.