No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10418

FILED APR 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2735

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

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: Alexian Bros. Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 25 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 96
(c) City or town Lemay (If outside city or town limits, write "RURAL")
(d) Street No. 3131 Dillon Dr. (If rural, give location)
N.R.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH S. LUCAS
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evelyn
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased April (Month) 27 (Day) 1904 (Year)

8. AGE:	Years	Months	Days	If less than one day
	43	10	21	hr. min.

9. Birthplace Jefferson County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Mill Rite
11. Industry or business Ralston-Purina Co.
FATHER
12. Name James S. Lucas
13. Birthplace Jefferson County (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Isabelle Graham
15. Birthplace Jefferson County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Evelyn M. Lucas
(b) Address 3131 Dillon Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAR 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1948 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from 3/10, 1948, to 3/18, 1948, that I last saw him alive on 3/18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Subarachnoid Hemorrhage	
Due to	
Due to	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 B. J. McGinnis (M.D. or other)
Address 3608 S. Grand Date signed 3/19/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3608 So. Strand 1-4-35

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. Stovesand

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.