No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17775

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5010

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: De Paul Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 170
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5986a Highland Avenue. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara M. Lucas.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed. 9
6. (b) Name of husband or wife Robert Lucas.
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased April 10, 1872. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	19	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name George Fogg.
13. Birthplace Dont know. 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Rogers.
15. Birthplace Dont know. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter H. Jeune.
(b) Address 4214 Oakwood Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-1948. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Geo. L. Pleitsch. Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) JUN 1 1948 (Date filed with local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th. year 1948 hour 5.30 P.M. M.
21. I hereby certify that I attended the deceased from 5-28, 1943 to 5-29, 1948 that I last saw her alive on 5-29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Chronic Myocarditis	0
Due to Arterio Sclerosis	
Hemiplegia	
Other conditions Cholecystitis (Include pregnancy within 3 months of death)	
Non-calculous	

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 0
23. Signature W. C. Moore (M. D. or other) M.D.
Address 7301 Natural Bridge Date signed 5-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm.E. Moore.
7301 Natural Bridge Ave.

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.