

FILED FEB 2 1949

STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

672

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caledonia	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		d. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) Lavinia			b. (Middle) M.		c. (Last) Lucas		4. DATE OF DEATH (Month) (Day) (Year) January 21, 1949		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH November 9, 1875		9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Months		11. UNDER 24 HRS. Days		12. UNDER 48 HRS. Hours		13. UNDER 12 HRS. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY High School		11. BIRTHPLACE (State or foreign country) Caledonia, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME Stewart McSpaden			13b. MOTHER'S MAIDEN NAME Ellen Percy			14. NAME OF HUSBAND OR WIFE Joseph Edward Lucas					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward R. Sebald 2654 Sutton							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>										INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma uterine</u>										Jan 6 49	
		DUE TO (c) <u>Operation 1/6/49</u>										Jan 21 49	
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerosis-Semity</u>											

19a. DATE OF OPERATION 1/6/49		19b. MAJOR FINDINGS OF OPERATION Carcinoma of uterus (hysterectomy)										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
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21d. TIME OF INJURY noon		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
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22. I hereby certify that I attended the deceased from Jan 5, 1949, to Jan 21, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Bernard		(Degree or title)		23b. ADDRESS 974 Avenue Bldg		23c. DATE SIGNED 1/22/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE January 23, 1949		24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery		24d. LOCATION (City, town, or county) (State) Caledonia, Missouri	
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DATE REC'D BY LOCAL REG. JAN 24 1949		REGISTRAR'S SIGNATURE J. B. Fabaler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. Home, Inc., 1936 St. Louis			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

672

Handwritten notes and scribbles at the top right of the page.

10-1

SEP 16 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Wesley L. Campbell

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.