

S. No. 300  
V. 10.48

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14418  
2970  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <i>St. Louis</i>                          |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <i>Illinois</i> b. COUNTY _____ |  |
| b. CITY OR TOWN <i>St. Louis</i>   | c. LENGTH OF STAY (In this place) <i>31 hrs.</i> | c. CITY OR TOWN <i>Bloomington</i> <i>8120</i>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hospital</i> |  | d. STREET ADDRESS (If rural, give location) <i>105 South Lee Street</i>  |  |

|  |                               |   |  |
|--|-------------------------------|---|--|
| 3. NAME OF DECEASED<br>a. (First) <i>Claude</i> b. (Middle) _____ c. (Last) <i>Lucas</i>                     |                               | 4. DATE OF DEATH (Month) (Day) (Year) <i>Mar 29 1951</i>              |  |
| 5. SEX <i>male</i>   | 6. COLOR OR RACE <i>white</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i> | 8. DATE OF BIRTH <i>Nov 8 1893</i>                         |
| 9. AGE (In years last birthday) <i>57-6</i>  |                               | IF UNDER 1 YEAR Months _____  | IF UNDER 1 HR. Hours _____ Min. _____                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>conductor</i> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <i>railroad</i>                     | 11. BIRTHPLACE (State or foreign country) <i>Unknown 9</i> |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>   |                               |   |  |

|  |  |                                   |
|--|--|-----------------------------------|
| 13a. FATHER'S NAME <i>Unknown</i>  | 13b. MOTHER'S MAIDEN NAME <i>Unknown</i> | 14. NAME OF HUSBAND OR WIFE _____ |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ |  | 16. SOCIAL SECURITY NO. _____     |
| 17. INFORMANT'S SIGNATURE OR NAME <i>Hospital Records,</i>   |  | ADDRESS _____                     |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>subarachnoid haemorrhage</i>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Generalized arteriosclerosis</i><br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|  |  |  |
|--|--|--|
| 19a. DATE OF OPERATION _____                                 | 19b. MAJOR FINDINGS OF OPERATION _____   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____                            |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>330X</i>   |

22. I hereby certify that I attended the deceased from *Mar 28*, 1951, to *Mar 29*, 1951, that I last saw the deceased alive on *Mar 29*, 1951, and that death occurred at *10:25 pm.*, from the causes and on the date stated above.

|   |  |   |
|---|--|---|
| 23a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>M.D.</i>       | 23b. ADDRESS <i>Missouri Pacific Hosp.</i> | 23c. DATE SIGNED <i>3-30-51</i>   |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>            | 24b. DATE <i>April 2, 1951</i>             | 24c. NAME OF CEMETERY OR CREMATORY <i>Park Hill</i>   |
| 24d. LOCATION (City, town, or county) (State) <i>Bloomington Ill.</i> |  |   |
| DATE REC'D BY LOCAL REG. <i>MAR 30 1951</i>                           | REGISTRAR'S SIGNATURE <i>J. B. Lanter</i>  | 25. FUNERAL DIRECTOR'S SIGNATURE <i>John H. Gilman</i> ADDRESS <i>6104 Bloomington Hill</i> |

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*John A. Flynn*

Licensed Embalmer No. *#8461*

P. O. Address *Bloomington, Ill*

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.