

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3053**  
Registrar's No. **0218**

FILED JAN 26 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>0218</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>ST. LOUIS</b>		2219 n	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>IN ROUGHT TO HOMER &amp; PHILL</b>				d. STREET ADDRESS (If rural, give location) <b>1007 W. CARRISON</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ONEDA</b>			b. (Middle) _____		c. (Last) <b>LUCAS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-5-52 1952</b>
5. SEX <b>M</b>		6. COLOR OR RACE <b>C</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>2-28-1914</b>	
9. AGE (In years) <b>37</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOUNDRY</b>		11. BIRTHPLACE (State or foreign country) <b>Birdsley</b>		12. CITIZEN OF WHAT COUNTRY? <b>ART.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOUNDRY</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LABORER</b>		11. BIRTHPLACE (State or foreign country) <b>Birdsley</b>		12. CITIZEN OF WHAT COUNTRY? <b>ART.</b>	
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Immacul</b>		14. NAME OF HUSBAND OR WIFE <b>HARRI BETTIE LUCAS</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Bettie Lucas</b> ADDRESS <b>28292 Thomas</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal Rearrangement; gunshot wound of chest; suffered when shot with gun in the hands of one Chas. Jones, (col) in tavern located at 1015 W. Garrison Ave around 225pm</b>					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 (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>tavern located at 1015 W. Garrison Ave around 225pm</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>July 5, 1952 Homicide</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SHOOTING HOMICIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>tavern</b>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 5 52 2:25 pm</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E981X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>225P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Patrick E Taylor Coroner</b> (Degree or title) _____				23b. ADDRESS <b>1900 Clark</b>		23c. DATE SIGNED <b>1.9.52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>1-10-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD</b>		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS CO. MO</b>	
DATE SIGNED BY LOCAL REG. <b>JAN 9 1952</b>		REGISTRARS SIGNATURE <b>Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <b>W. F. Walter 2707 Stoddard</b>			

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

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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 Arthur L. Hellis

Licensed Embalmer No. 4221

P. O. Address 4524 Alder

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.