No. 300
10-46

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26616

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1875

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood
c. LENGTH OF STAY (in this place) 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 340 St. Fillmore Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis 4703
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood
d. STREET ADDRESS (If rural, give location) 340 S. Fillmore Ave

3. NAME OF DECEASED (Type or Print) a. (First) [illegible] b. (Middle) Henry c. (Last) Lucas

4. DATE OF DEATH (Month) (Day) (Year) July 6 1952

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2
8. DATE OF BIRTH Feb. 2 1896
9. AGE (In years last birthday) 56 — If under 1 year: Months 4, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Lumber Co. Chicago Mills
11. BIRTHPLACE (State or foreign country) Wilson Point La.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME [illegible] Lucas
13b. MOTHER'S MAIDEN NAME Pinkie Washington
14. NAME OF HUSBAND OR WIFE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME L. A. Freeman ADDRESS 340 S. Fillmore

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH: One month

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
1561
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
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) none
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 6-4, 1952 *to* 7-6, 1952, *that I last saw the deceased alive on* 7-6, 1952, *and that death occurred at* 6:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Frazier D. Alexander MD
23b. ADDRESS 177 E. Kirkham Webster Gr.
23c. DATE SIGNED 7-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 10 1952
24c. NAME OF CEMETERY OR CREMATORY Father Dickson
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. 7-9-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE John W. Hemphill ADDRESS 408 S. Fillmore Kirkwood 22. Mo.

SW (Licensed Embalmer's Statement on Reverse Side)

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

APR 15 1953

AUG 7 1952

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4441

P. O. Address 408 S Fillmore

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.