

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2789

FILED SEP 3 - 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

7865

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2219 St. Louis		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 0	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		0
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			d. STREET ADDRESS (If rural, give location) 21 2830 Delmar Avenue		
3. NAME OF DECEASED a. (First) Lillian (Type or Print)		b. (Middle)	c. (Last) Lucas	4. DATE OF DEATH (Month) (Day) (Year) August 14, 1952	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan 4, 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (State or foreign country) Kerr, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jerry Miller Sr.		13b. MOTHER'S MAIDEN NAME Cherry	14. NAME OF HUSBAND OR WIFE Alex Lucas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jerry Miller Jr. 2408 Coleman			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage Undetermined ANTECEDENT CAUSES Undetermined Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from Aug. 2, 1952, to Aug. 14, 1952, that I last saw the deceased alive on Aug. 14, 1952, and that death occurred at 9:05 Pm., from the causes and on the date stated above.					
23a. SIGNATURE Edna E. Brooks (Degree or title) M.D. 0			23b. ADDRESS 2601 N. Whittier Street		23c. DATE SIGNED August 15, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4	24b. DATE 8/20/52	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) Lemay, Missouri		
DATE REC'D BY LOCAL REG. AUG 19 1952	REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Roane 1221 N. Grand		

(Licensed Embalmer's Statement on Reverse Side)

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.....

Lawrence Crooms

Signed.....
Student Embalmer

Licensed Embalmer No. *4755*

P. O. Address *1261 N Grand*

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.