

715 OCT 21 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 36616

Registrar's No. 9053

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2243	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 24 3833 So. Broadway			

3. NAME OF DECEASED (Type or Print)		a. (First) LEE	b. (Middle)	c. (Last) LUMOS	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 28, 1952
--	--	----------------	-------------	-----------------	--

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 4, 1881	9. AGE (In years last birthday) 71	# UNDER 1 YEAR 3	# UNDER 6 MOS. 24
------------------	---------------------------	---	----------------------------------	---------------------------------------	---------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice & Coal Dealer	10b. KIND OF BUSINESS OR INDUSTRY Ice & Coal	11. BIRTHPLACE (City and State or Foreign Country) Washington Co., Mo. 10	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	-------------------------------------

13a. FATHER'S NAME William Lumos	13b. MOTHER'S MAIDEN NAME Clara Edwards	14. NAME OF HUSBAND OR WIFE Mary E. Lumos
-------------------------------------	--	--

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. None	17. INFORMANT'S SIGNATURE OR NAME Mary E. Lumos, 3833 So. Broadway	ADDRESS 3833 So. Broadway
--	---------------------------------	---	------------------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute myocardial infarction</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary arteriosclerosis</i> DUE TO (c) <i>Hypertensive Cardiosclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Diabetes</i>			

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
--	--	------------------------------------

22. I hereby certify that I attended the deceased from 9-11-52, 19, to 9-28-52, 19, that I last saw the deceased alive on 9-28-52, 19, and that death occurred at 10:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Albert E. Stock</i>	(Degree or title) MD	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 9-29-52
--	-------------------------	---------------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct 1, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. SEP 30 1952	REGISTRAR'S SIGNATURE <i>J. C. Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>McLaughlin</i>	ADDRESS McLaughlin Funeral Home, Inc., St. Louis, Mo.
---	---	---	--

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

H. Y. Farris

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.