

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3422

318

1003

State File No.

0113

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homér G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>11 4467 Page</u>					
3. NAME OF DECEASED (Type or Print) <u>Virginia</u>			a. (First) _____		b. (Middle) <u>Lucas</u>		c. (Last) _____		
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>3</u>		(Year) <u>1953</u>			
5. SEX <u>3</u>		6. COLOR OR RACE <u>Female Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 7</u>		8. DATE OF BIRTH <u>Oct. 6, 1900</u>			
9. AGE (In years last birthday) <u>52</u>		# UNDER 1 YEAR Months _____		# UNDER 24 Hrs. Hours _____		# UNDER 24 Min. Min. _____			
10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>William Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Williams</u>			
14. NAME OF HUSBAND OR WIFE <u>Chas. Lucas - Deceased</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME <u>Earnestine Harden</u>				ADDRESS <u>7725 Carondelet</u>					
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, asphyxia, 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) <u>Renal Failure with Azotemia</u>		DUPLICATE (b) <u>Malignant Hypertension</u>						Undet.	
DUPLICATE (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						Undet.	
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? <u>444X</u>					
22. I hereby certify that I attended the deceased from <u>12-31</u> , <u>1952</u> , to <u>1-3-</u> , <u>1953</u> , that I last saw the deceased alive on <u>1-3</u> , <u>1953</u> , and that death occurred at <u>8:36a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles Harden M.D.</u>				23b. ADDRESS <u>2601 N. Whittier St.</u>				23c. DATE SIGNED <u>1-5-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1/9/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jefferson Burial</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 6 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Bruce</u> ADDRESS <u>4419 Washington Blvd.</u>			

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 Frederick A. Stark

Licensed Embalmer No. 4599

P. O. Address 4469 Washington St. Louis 8, Mo

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.