

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12679

State File No. \_\_\_\_\_

ED MAR 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 729

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD</u>	c. LENGTH OF STAY (in this place) <u>189R</u>	c. CITY OR TOWN <u>MAPLEWOOD</u> <sup>4554</sup> In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7552 WOODLAND</u>		• STREET ADDRESS (If rural, give location) <u>7552 WOODLAND</u>	

3. NAME OF DECEASED (Type or Print) <u>NATHAN</u>	a. (First)	b. (Middle)	c. (Last) <u>LUCAS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 3rd. 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 22, 1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>United Wood Heel.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar Hill Mo. <u>U</u></u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jesse Lucas</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sullens</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Lucas</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>492-01-1869A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Lucas</u>	ADDRESS <u>Above</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>		
	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. <u>Lagryppe + Bronchiopneumonia 14 days</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>197X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 2/17/53 to 3/3, 1953, that I last saw the deceased alive on 3/1/53, 1953, and that death occurred at 7:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. [Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>2901 Big Bend</u>	23c. DATE SIGNED <u>3/5/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/6/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar Hill, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-5-53</u>	REGISTRAR'S SIGNATURE <u>Hugh R. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u> ADDRESS <u>Funeral Home 456 Manchester, Maplewood, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4004  
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1967 C.M.D.

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.....  
Signature of Student Embalmer

Signed.....  
*H. P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.