

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035013

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2565

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1426 Silverton Pl.		Length of stay in lb 34 yrs.	d. STREET ADDRESS (If outside, give location) 1426 Silverton Pl.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOSEPH Middle A. Last LUCAS, Sr.			4. DATE OF DEATH Month Oct. Day 5th Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 3, 1880		9. AGE (In years) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Man		10b. KIND OF BUSINESS OR INDUSTRY Pittsburgh Plate	11. BIRTHPLACE (City and state or country) Glass Accrington, Eng.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Leo J. Lucas		13b. MOTHER'S MAIDEN NAME Bridget Nary		14. NAME OF HUSBAND OR WIFE Agnes 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. 493-03-1724		17. INFORMANT Agnes Lucas Address 1426 Silverton Place.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Transverse Leukemia DUE TO (c) 3042					INTERVAL BETWEEN ONSET AND DEATH 2 days ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from May 1955 to Oct 9 1958 and last saw ^{her} him alive on Oct 4-58 Death occurred at 9:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Karl L. Keffler M.D.			22b. ADDRESS 1139 Bellemead Ave		22c. DATE SIGNED Oct 6-58
23a. BURIAL, CREMATION, or BENEVOLENT (Specify)		23b. DATE Oct. 8, 1958	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR A. H. Bocklage ADDRESS 6536 Clayton Rd.			25. DATE REGD. BY LOCAL REG. 10-6-58		26. REGISTRAR'S SIGNATURE Herbert P. Donker M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Stanley H. Dixon*
Licensed Embalmer No. *4193*
P. O. Address *St. L.*

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.