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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-027577  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2120

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>ST. CLAIR</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>BELLEVILLE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S</b>		Length of stay in lb <b>2 days</b>		d. STREET ADDRESS <b>209 E. MONROE</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>W.</b> Last <b>LUCASH</b>				4. DATE OF DEATH Month <b>8</b> Day <b>5</b> Year <b>59</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Apr 6, 1885</b>		9. AGE (In years) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stove Mounter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Stove Foundary</b>		11. BIRTHPLACE (City and state or country) <b>Belleville, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>John Lucash</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jicka</b>		14. NAME OF HUSBAND OR WIFE <b>Marcella Bauer Lucash</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>328 03 5581a</b>		17. INFORMANT <b>Marcella Lucash</b> Address <b>Belleville Ill.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Diffuse Carcinomatosis</b> DUE TO (c) <b>Carcinoma of Pancreas</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
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.) <b>157X</b>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
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,actory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>10<sup>30</sup> Aug 59</b> to <b>5 Aug 59</b> and last saw <sup>her</sup> him alive on <b>5 Aug 59</b> Death occurred at <b>10<sup>15</sup> P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Francis S. Walker M.D.</b> (Degree or title)				22b. ADDRESS <b>4161 Lindell</b>		22c. DATE SIGNED <b>8-6-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8-6-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Carmel</b>		23d. LOCATION (City, town, or county) (State) <b>Belleville, Illinois</b>		
24. FUNERAL DIRECTOR <b>Renner &amp; Sons</b> ADDRESS <b>Belleville, Ill.</b>			25. DATE RECD. BY LOCAL REG. <b>8-6-59</b>		26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>		

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 not Embalmed, Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed George M. Penner  
Licensed Embalmer No. 5051  
P. O. Address Bellemeade, Ill.

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.