DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 15 1941 791 I

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40465

Registrar's No. 10236

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3127 A Franklin (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 21

(d) Street No. 3127 A Franklin (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years

3. (a) PRINT FULL NAME Lucy Wood

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Wido

6. (b) Name of husband or wife No Unknown

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased April (Month) 10 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
61	8	no	no hr. no min.

9. Birthplace Pontiac (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Laundress

11. Industry or business None

FATHER 12. Name Al Coleman

13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Ann Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrude Luckett

(b) Address 3127a Franklin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Washington Park

18. (a) Signature of funeral director C. W. Josh

(b) Address 3847 Page Blvd. St. Louis, Mo.

19. (a) DEC 13 1940 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10th. year 1940 hour 9. P.M. minute M.

21. I hereby certify that I attended the deceased from Dec. 1, 1940 to Dec 10, 1940 that I last saw he alive on Dec. 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Cerebral apoplexy — Duration 1 day

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. Albright (M. D. or other)

Address 2316 Marshall Date signed 12-11-40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

at 3847 Page Blvd, Registered Apprentice No.

working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 3224

P. O. Address 3847 Page Blv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.