

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
3219a Sullivan Ave. **7**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether In this community..... years, months or days)

3. (a) PRINT FULL NAME Lucille English

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William P. English 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased June 10 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	23	7	12	hr. min.

9. Birthplace St. Louis Missouri **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Lawrence Palmer

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

14. Maiden name Mary Poleta

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

16. (a) Informant William English

(b) Address 3219a Sullivan

17. (a) Burial (b) Date thereof 1/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director E. J. Schurz

(b) Address E. J. Schurz 3125 Lafayette

19. (a) JAN 23 1941 (b) J. Bredeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis Missouri **1017**
(If outside city or town limits, write "RURAL")

(d) Street No. 3219a Sullivan Ave. **9**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1941 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from August 24th 1939 to Jan. 22 1941
that I last saw her alive on Jan. 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease Duration 18 mos

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) W H I

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN W H I
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) (e) Means of injury.....

23. Signature Charles Montani (M.D. or other) **M.D.**
Address 5147 Daggett ave Date signed 1-22-41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Joe B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.