JAN 2 8 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 42441

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 440

City Koch (No. ..... Koch Hosp. St. ..... Ward)

2. FULL NAME Dan Lukezich

(a) Residence. No. 2725 Hickory St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred x yrs. 2 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Louise Lukozich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	0	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Jugo Slavia
(STATE OR COUNTRY) .....

PARENTS

10. NAME OF FATHER John Lukozich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jugo Slavia
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Katie Marsanic

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jugo Slavia
(STATE OR COUNTRY) .....

14. INFORMANT R. Koch Hospital Records
(Address) Koch, Missouri

15. Dec. 29, 19 28 L. C. Obrock M. D.
FILED ..... REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 28 19 28

17. I HEREBY CERTIFY, That I attended deceased from October 6, 19 28, to December 28 19 28 that I last saw him alive on Dec. 28 1928, 19 ....., and that death occurred, on the date stated above, at 4:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis
2 3 4

About (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Gastro Intestinal Tuberculosis.

About (duration) x yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Sputum

(Signed) R. L. Ehrlich, M. D.
12/28/28 (Address) Koch Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem — DATE OF BURIAL 12/31 19 28

20. UNDERTAKER E. J. Schnur — ADDRESS 3142 Lafayette Ave.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD