

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.

JUN 19 1934

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

788
Do not use this space.

18355
4828

1. PLACE OF DEATH

County Registration District No. 711
Township Primary Registration District No. 102
City St. Louis (No. Elephant Row)

File No.
Registered No.
St. Ward)

2. FULL NAME

Thomas Lukoszewski Sr.

(a) Residence, No. 4407 W. 20th St. St. 9 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Lukosky</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 29-1860</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>5</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Oiler.</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Grain Elevator</u>		
10. Date deceased last worked at this occupation (month and year)		

3
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at.....
7:45 P.M.

The principal cause of death and related causes of importance were as follows:
Shock & Burns
24 + 3 degree
(Accident)

Date of onset
1861

Other contributory causes of importance:
1871

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>
	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>
	15. MAIDEN NAME <u>Unknown</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>
	17. INFORMANT (ADDRESS) <u>Thomas Lukosky Jr</u> <u>4104 W. 20th</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Elizabeth</u> DATE <u>5-14</u> 19 <u>34</u>
	19. UNDERTAKER (ADDRESS) <u>W. A. Strick Und. Co</u> <u>2117 E. Grand Blvd</u>
20. FILED BY <u>J. F. Beedeck</u> Registrar.	

Name of operation Date of.....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 7/8/34
Where did injury occur St. Louis Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Industry
Manner of injury Explosion on shaft in grain elevator
Nature of injury 24 + 3 degree Burns

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J. P. Deane M.D.
(Address) 514 1/2 S. 1st St

