

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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City View

Registration District No. 1123
Primary Registration District No. 6248 E

File No. 21387
Registered No. 211

2. FULL NAME

Victor Lukas Jr

(a) Residence, No. 622 W. Veronia Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Lukas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1905

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
<u>33</u>	<u>31</u>	<u>4</u>	<u>10</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brown Shoe Co.
10. Date deceased last worked at this occupation (month and year) Aug 1936 11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER
13. NAME Victor Lukas Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER
15. MAIDEN NAME Teresa Ditzenberger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) H. M. Shan 2525 State St. E. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Cath. St. Louis DATE May 19, 1937

19. UNDERTAKER (ADDRESS) Kurrier and Co. Cath. St. Louis Ill.

20. FILED May 19, 1937 G. Mooney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1937 to May 19, 1937
I last saw him alive on May 18, 1937 Death is said to have occurred on the date stated above, at 3A m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset Sept 1936
Tuberculous tracheitis Feb. 1937

Other contributory causes of importance: none

Name of operation none Date of 1937
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) Blair M. Meine M. D.
(Address) 1910 S. Broadway

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.

