

JUL 11 1939

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

21542
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 572
 (c) City St. Joseph (d) Street No. 1318 North 12th St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frank Lux
 (a) Residence, No. 1318 N 12th, St. Joseph, St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Barbara Lux
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 8, 1879
 7. AGE YEARS 59 MONTHS 8 DAYS 24 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Woodworker
 9. Industry or business in which work was done, as saw mill, bank, etc. Carriage Works
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) Nagyhan, (STATE OR COUNTRY) Hungary

FATHER 13. NAME Anthony Lux

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Hungary

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Barbara Lux
1318 N 12th, St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 6 1939

19. FUNERAL DIRECTOR (NAME) Halter Meierhoffer (ADDRESS) 1302 Faraon St., St. Joseph

20. FILED June 6 1939 A. J. Neathel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1939
 22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939, to June 2, 1939
 I last saw him alive on June 2 1939. Death is said to have occurred on the date stated above, at 8:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset unknown
 Other contributory causes of importance: None

Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Gus E. J. Ryan, M. D.
Pirkpatrick Bldg. (Address) St. Joseph Mo

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

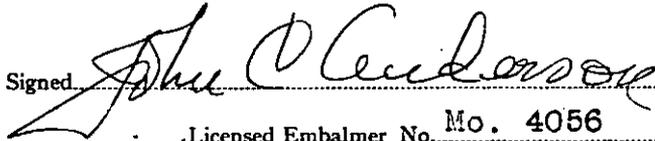
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 72.
50M-P-1935
I X16003

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 .....

Licensed Embalmer No. Mo. 4056.....

P. O. Address St. Joseph, Missouri......

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, above space should be left blank.