

No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33006**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7958**

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:
1823 Dolman St. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis **23 11**
(If outside city or town limits, write "RURAL")

(d) Street No. 1823 Dolman St. **9**
(If rural, give location) **0**

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Frank Loubek Sr.

3. (b) If veteran, name war no

3. (c) Social Security No. 494-01-2738

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd
year 1941 hour 2 minutes P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased About 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 26 1940 to Oct 3 1941
that I last saw him alive on Oct 3 1941
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>About 62</u>	<u>Unknown</u>	<u>Unknown</u>	<u>hr. min.</u>

Immediate cause of death Acute Toxic Endocarditis **3 da**

Due to Sarcoma R. Lung **3 yrs!**

Due to 50

9. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker

Other conditions 50

Major findings: Sarcoma R. Lung
Of operations of Breast
Primary in Breast

11. INDUSTRY OR BUSINESS

12. Name Frank Loubek

13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

14. Maiden name Marie Henzel

15. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Josephine Loubek

(b) Address 1823 Dolman St.

17. (a) Bremation (b) Date thereof Oct. 6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

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?.....

18. (a) Signature of funeral director J. H. Mayfield

(b) Address 1926 Allen Ave.

19. (a) Oct 6 1941 (b) J. H. Mayfield
(Date received local registrar) (Registrar's signature)

23. Signature NOT Mulach (M. D. 0)

Address 7405 Mich au Date signed 10/4/41

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

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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..... *Benj. C. Duncan*

Licensed Embalmer No. *2272*

P. O. Address..... *1926 Allen*

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.