

FILED JUN 4 1943 818

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 923
(d) Street No. 1522 S. 3rd ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Dynys Lubus

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Wid.

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Unknown About 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 72 Unknown -----
hr. ----- min.

9. Birthplace Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business.....

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Lubus

(b) Address 1201 S. 7th St.

17. (a) Burial (b) Date thereof 5/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Church

18. (a) Signature of funeral director Wm C. Mayfield

(b) Address 1926 Allen Ave.

19. (a) MAY 1 1943 (b) J. P. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1943 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion
Arterial sclerosis

Due to.....
Due to..... 94

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....

Underline the cause to which death should be charged statistically.

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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature Thomas J. Callahan (M.D. or other)
Address Esperanza Date signed 5-17-43

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

MOTHER FATHER

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed D. M. Davis
.....
Licensed Embalmer No. 3741
.....
P. O. Address 1926 allen way
.....

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.