

FILED DEC 3 1943  
Registration District No. 318

Primary Registration District No. 1003

State File No. 10278  
Registrar's No.

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:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair  
(c) City or town East St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1369 N. 37th St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Lucz

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 27 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.  
10 23

9. Birthplace East St. Louis (City, town, or county) Ill (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name Joseph Lucz

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

14. Maiden name Julia Gregor

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

16. (a) Informant Joseph Lucz

(b) Address East St. Louis, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-22-43  
(Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director: Ogonoski Funeral Home

(b) Address East St. Louis, Ill.

19. (a) NOV 24 1943 (Date received local registrar's certificate) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 20 year 1943 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from 3 P.M. Nov. 20, 1943, to Nov. 21, 1943; that I last saw him alive on Nov. 20, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Spontaneous pneumo-thorax  
relat. to Duration 24-48 hrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Alveolar edema  
Of operations: from dissected & ruptured  
Of autopsy: \_\_\_\_\_

PHYSICIAN

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) accident

(b) Date of occurrence unknown, possibly one to two weeks

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on job, in industrial place, in public place? In home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury see reply

23. Signature: Bernard J. Dr. [unclear] (M. D. or other)

Address: 815 No. [unclear] Bldg Date signed: 11/21/43

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

MOTHER FATHER

10278

**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 *John J. Gouroski*

Licensed Embalmer No. *3398*

P. O. Address.....

**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.