

No. 2
5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40135
State File No. _____
Registrar's No. 10896

FILED DEC 22 1943
Registration District No. 318

Primary Registration District No. 1003

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

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:
4407 No 20 Str. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 80 years. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Anna Lukazewski

3. (b) If veteran, name war None 3. (c) Social Security No None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Lukazewski 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 24, 1873 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Poland (City, town, or county) (State or foreign country) 4

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Joseph Mauzer
13. Birthplace Poland (City, town, or county) (State or foreign country) 4

{ 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Sylvester Lukazewski
(b) Address 4407 No 20 Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director [Signature] (b) Address 2117 E. Grand Blvd.

19. (a) DEC 20 1943 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 99
(d) Street No. 4407 No. 20 Str (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., 8 day 8 year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 1935 to 12/8/43, 19____; that I last saw him alive on 10/15/43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Art. Scler. Heart Disease 9 yr

Due to: Hypertension, Diabetes 2

Due to: _____

Other conditions: _____ (Include pregnancy within 3 months of death) 6/

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 [Signature] (M. D. or other) 2nd
Address [Address] Date signed 12/10/43

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 Frank A. Morris

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.