

FILED APR 18 1945

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2810 Lafayette St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph //
(If outside city or town limits, write "RURAL") //
(d) Street No. 2810 Lafayette St. //
(If rural, give location) //
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1945 hour 12 minute 00 Noon
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____
that I last saw him alive on April 10, 1945.
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Frances Katherine Luboski

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 Married

6. (b) Name of husband or wife Anthony R. Luboski 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 21 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 4 19
hr. _____ min.

9. Birthplace Rochester New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Wm. Jozwiak

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

14. Maiden name Katherine Wroblewski

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

16. (a) Informant Anthony R. Luboski

(b) Address 2810 Lafayette St.

17. (a) Burial (b) Date thereof April 12 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman J. Jochen
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) April 11 1945 (b) Debra J. Finkle
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____

Suicide by Hanging.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide.

(b) Date of occurrence April 10, 1945.

(c) Where did injury occur? St. Joseph Buchanan Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Home.

(Specify type of place)
While at work? no (e) Means of injury hanging

23. Signature B. W. Tacklock (M: D. or other) 2
Address Hilly Hill Bldg 2 Date signed 4/10 45

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

MOTHER, FATHER

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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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address St Joseph Mo

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.