V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 3 1946

State File No. 21970

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5564

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1917 Hebert 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1917 Hebert St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME STANLEY LUBICWSKI
3. (b) If veteran, name war NO
3. (c) Social Security No. 488-10-0937

4. Sex MALE C
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased NOVEMBER (Month) 16 (Day) 1891 (Year)

8. AGE: Years 54 Months X Days 5 If less than one day hr. min.

9. Birthplace ST Louis (City, town, or county) U (State or foreign country)
10. Usual occupation Shoe worker
11. Industry or business

FATHER
12. Name Thadeus Lubicwski
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Victoria Sfuba
15. Birthplace (City, town, or county) Poland (State or foreign country)

16. (a) Informant Martha Lubicwski
(b) Address 1917 Hebert
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 25 (Day) 46 (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director St Louis Funeral Home
(b) Address 2205 St Louis ave
19. (a) JUN 24 1946 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1946 hour minute 6 15 p. M.
21. I hereby certify that I attended the deceased from June 12, 1946, to June 21, 1946 that I last saw him alive on 6/21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Duration 9 days

Major findings:
Of operations
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)
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Jos. P. Berman (M. D. or other)
Address 1235 - no. grand Date signed 6/22/46

(Licensed Embalmer's Statement on Reverse Side)

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

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. Elmo R. Caldwell

Licensed Embalmer No. 4077

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.