

U. S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X36671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **21971**  
 Registrar's No. **5823**

**FILED** JUL 12 1946  
 318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**7803 Pennsylvania ave.**  
(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

3. (a) PRINT FULL NAME **Lawrence Luczak**  
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married!**  
 6. (b) Name of husband or wife **Constance Luczak** 6. (c) Age of husband or wife if alive **68** years  
 7. Birth date of deceased **August 16 1869**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_  
 12. Name **Michael Luczak**  
 13. Birthplace **Poland**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown Kostecki**  
 15. Birthplace **Poland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Stanley Luczak**  
 (b) Address **7803 Pennsylvania ave.**

17. (a) **Burial** (b) Date thereof **July 3, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Mt. Olive Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**  
 (b) Address **7814 S. Broadway**

19. (a) **JUL 2 1946** (b) **J. J. Bredesch**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **7803 Pennsylvania ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **June** day **30**  
 year **1946** hour **10** minute **50** A. M.  
 21. I hereby certify that I attended the deceased from **Dec 16, 1944** to **June 30, 1946**  
 that I last saw him alive on **June 29, 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature **Chas. E. Baule** (M. D. or other) \_\_\_\_\_  
 Address **7806 So. Broadway** Date signed **7-1-46**

(Licensed Embalmer's Statement on Reverse Side)

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

208-40

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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

*Louis C. Hoffmeister*

Licensed Embalmer No.

*3871*

P. O. Address

*7814 S. Broadway*

**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.**