

S. No. 2
-12-45
5-17-39
PI X47070

FILED APR 8 1947
318

1003

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town.....
City

(c) Name of hospital or institution:
Inroute to Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Leon Joseph Lubowicki**

3. (b) If veteran, name war **World War 11**

3. (c) Social Security No.....

4. Sex **Male** **5. Color or race** **White**

6. (a) Single, widowed, married, divorced **S 0**

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **April 11 1919**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
27	11	15hr.min.

9. Birthplace **St Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Trucker**

11. Industry or business **Wabash R.R.**

MOTHER FATHER

12. Name **Frank Lubwicki**

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

14. Maiden name **Apollonia Przybola**

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

16. (a) Informant **Apollonia Lubowicki**

(b) Address **1524 N. 817 St.**

17. (a) Burial **(b) Date thereof** **3/26/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Central Und. Co**

(b) Address **1841 Cass ave**

19. (a) MAR 25 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **1524 N 17th Str.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

*** MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March 22** day
year **1947** hour..... minute **43** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death **Bullet Wound of Chest**
Produced by Springfield Arsenal
inflicting 60 lbs. charge of
live Stanley Bolex in
front of 1404 Cass Avenue
between 8:12 P.M. March
21, 1947

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 cause, fill in the following:

(a) Accident, suicide, homicide (specify) **Homicide**

(b) Date of occurrence **March 21, 1947**

(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?
Public Place
(Specify type of place) (e) Means of injury **gun**

While at work?.....

23. Signature **Alfred J. Perry** (M. D. or other) **3**
Address **1841 Cass Ave** **Date signed** **3/24/47**

MAY 6 1947

[Handwritten scribble]

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..... *[Handwritten Signature: G. W. Wilkerson]*

Licensed Embalmer No. *[Handwritten: 3575]*

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.