

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22454

State File No.

FILED JUL 12 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

6362

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. ANTHONY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
(Specify whether years, months or days)
In this community 1 DAY
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN M. LUKAS

3. (b) If veteran, name war SPANISH AMERICAN 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 ROSE 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased NOVEMBER 11 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 19 hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED TAILOR

11. Industry or business

MOTHER FATHER
12. Name FRANK LUKAS
13. Birthplace BOHEMIA
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH BROZ
15. Birthplace BOHEMIA
(City, town, or county) (State or foreign country)

16. (a) Informant ROSE LUKAS

(b) Address 3326 PENNSYLVANIA
17. (a) BURIAL (b) Date thereof JULY 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER & PAUL CHURCH

18. (a) Signature of funeral director Thomas Kulis 1 son

(b) Address 2906 GRAVOIS
19. (a) JUL 3 1947 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 020
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3326 PENNSYLVANIA
(If rural, give location)
(e) Citizen of foreign country? 16 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1
year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 25
1947, to July 1, 1947
that I last saw him alive on July 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rt. Lung with growth extending into liver
Due to arterio-sclerotic heart disease
Other conditions (include pregnancy within 3 months of death)
Major findings: HM
Of operations
Of autopsy as above stated

Duration

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 0

23. Signature Leo E. Wilucki (M. D. or other)
Address 5402 1/2 Gravois Date signed July 3, 1947

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

Marion

Nov 7 1997
5408 Marconi
11-12-7 8 PM

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 *Geo J. Budde*
Licensed Embalmer No. *3989*
P. O. Address *St. Louis, 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,