. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32266

FILED OCT 14 1947

Registration District No. 34

Primary Registration District No. 6074

Registrar's No. 342

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

1. PLACE OF DEATH:
(a) County ST. FRANCOIS
(b) City or town DESLOGE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 113 THIRD 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. FRANCOIS 94
(c) City or town DESLOGE
(If outside city or town limits, write "RURAL")
(d) Street No. 113 THIRD ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MICHAEL M. LUKASKY
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife MARY LUKASKY
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased NOV. (Month) 31 (Day) 1860 (Year)

8. AGE: Years 87 Months 9 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace SAMBOR (City, town, or county) AUSTRIA (State or foreign country) 4
10. Usual occupation PRIEST
11. Industry or business GREEK CATHOLIC CHURCH
FATHER
12. Name WASIL LUKASKY
13. Birthplace SAMBOR (City, town, or county) AUSTRIA (State or foreign country) 4
MOTHER
14. Maiden name MARY GREB
15. Birthplace SAMBOR (City, town, or county) AUSTRIA (State or foreign country) 4
16. (a) Informant JAMES L. BLUNT, JR.
(b) Address DESLOGE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation ST. FRANCOIS
18. (a) Signature of funeral director C. Z. Sayer
(b) Address DESLOGE MO
19. (a) 10-9-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 1
year 1947 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from 24 Aug 1947 to ~~24 Aug~~ 1947
that I last saw him alive on 24 Aug 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility + generalized arteriosclerosis about 15 yrs.
Due to severe
Due to .....
Other conditions (Include pregnancy within 3 months of death) —
Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 .....
23. Signature Paul M Parashak (M. D. or other) MD
Address 1319 So. Bdway St. Louis, Mo. Date signed 18 Sept 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1047-1313

Date Filed 10-13-47

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: C. F. Sayer

Licensed Embalmer No. 1648 (1671)

P. O. Address Lee's Summit, 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.