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

41702

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11003

FILED JAN 11 1949

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: 5447 Childress Ave (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)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo (b) County:

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

(d) Street No. 5447 Childress Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No) N

If yes, name country

3. (a) PRINT FULL NAME: LUKASZ MUSIAL.

3. (b) If veteran, name war: No

3. (c) Social Security No. 192-01-3456

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Mary Lancos

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

7. Birth date of deceased: Oct 18 1890 (Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 1 If less than one day hr. min.

9. Birthplace: Poland (City, town, or county) (State or foreign country)

10. Usual occupation: Shipping Clerk

11. Industry or business:

MOTHER FATHER

12. Name: Paul Musial

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

14. Maiden name: Not Known

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

16. (a) Informant: Stanley Musial

(b) Address: 5447 Childress Av

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Dec 20 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Pittsburg Pa

18. (a) Signature of funeral director: Paul C Calabrese

(b) Address: 5140 Daggett Ave

19. (a) (Date received local registrar) (b) J B Lawler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19 year 1948 hour 7:30 PM. minute M.

21. I hereby certify that I attended the deceased from December 11, 1948, to December 19, 1948, that I last saw him alive on December 19, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	8 days
Due to: Arteriosclerosis	4 yrs
Due to: Degenerative Heart Disease Arth. auricular Fibrillation	4 yrs
Other conditions: Right Hemiplegia (Include pregnancy within 3 months of death)	4 yrs

Major findings: Of operations: None

Of autopsy: None.

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): None

(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: John G. Matthews (M. D. or other)

Address: 3707 Watson Rd Date signed: Dec 19 1948

(Licensed Embalmer's Statement on Reverse Side)

14003

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed G W Wilkinson

Licensed Embalmer No. 3575

P. O. Address Ft Lauro

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.