

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18096

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 960

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>000</b>		
b. CITY OR TOWN <b>MANCHESTER MO</b>		c. LENGTH OF STAY (in this place) <b>4 1/2 - 4 1/2</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		17 9
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PINE CREST HOMES</b>			d. STREET ADDRESS (If rural, give location) <b>9430 LACKLAND AVE.</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUIS</b> b. (Middle) <b>F</b> c. (Last) <b>HAKUBA</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 16 / 1949</b>		
---	--	--	---	--	--

5. SEX <b>M. O</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>JAN. 6 / 1890</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
--------------------	----------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNEMPLOYED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (State or foreign country) <b>POLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	--	---	--	--

13a. FATHER'S NAME <b>FRANK HAKUBA</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND, OR WIFE <b>ANNA (deceased)</b>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>498-40-6799</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles H. Hakuba 9430 Lackland Rd. Overland, Mo.</b>			
--	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b> ANTECEDENT CAUSES DUE TO (b) <b>Senility</b> DUE TO (c) <b>93d</b> <b>42200</b>			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
------------------------	----------------------------------	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
--	--	--	----------------------------	--	--

22. I hereby certify that I attended the deceased from April 4, 1949, to April 16, 1949, that I last saw the deceased alive on April 11, 1949, and that death occurred at 11:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. P. Meyer, M.D.</b>		23b. ADDRESS <b>3507 Potomac</b>		23c. DATE SIGNED <b>4-18-49</b>	
---	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-19-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rosehill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Wellston, Mo.</b>		
---	--------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. <b>4-19-49</b>	REGISTRAR'S SIGNATURE <b>Thurid L. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Blumstein Bros. Inc. 504 - W. ... Overland - Mo.</b>		
---	--	--	---	--	--

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

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 345

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

David C. Libro

Licensed Embalmer No. 3454

P. O. Address Overland

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.