

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18368

State File No. 4815

BIRTH NO. #111828 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4815

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		a. STATE Mo	
c. LENGTH OF STAY (in this place)		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249	
		d. STREET ADDRESS (If rural, give location) 3518 So Broadway 0	

3. NAME OF DECEASED (Type or Print)	a. (First) BENJAMIN	b. (Middle) F	c. (Last) Lakas Sr	4. DATE OF DEATH (Month) (Day) (Year) May 30th, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-15-1887	9. AGE (In years last birthday) 63	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinest	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Lakas	13b. MOTHER'S MAIDEN NAME Elizabeth Stark	14. NAME OF HUSBAND OR WIFE Mildred Lakas
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME B. F. Lakas Jr.	ADDRESS 3518 So. Broadway
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Hepatoma of liver 6 mo		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic Ulcer, Pericarditis			20 yrs 2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 135X
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22. I hereby certify that I attended the deceased from 19 to 5/30/50, 19, that I last saw the deceased alive on 5/30/50, and that death occurred at 6:00PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph E. J. Baker M.D.	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 6/30/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-2-50	24c. NAME OF CEMETERY OR CREMATORY St. Matthews	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. JUN 1 1950	REGISTRAR'S SIGNATURE J. B. Rooster	FUNERAL DIRECTOR'S SIGNATURE Myrdell Luedtke	ADDRESS 1926 Allen
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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 me

working under my personal supervision.

Student Embalmer No.

Signed Dele A. Stammann

Signed.....

Student Embalmer

Licensed Embalmer No. 4533

P. O. Address 1924 Allen

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.