

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42539

FILED JAN 13 1951

State File No. 11235
Registrar's No. 11235

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>	
1. PLACE OF DEATH a. COUNTY <u>0</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>1 wk</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>			d. STREET ADDRESS <u>5220 Robert</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) _____		c. (Last) <u>Lubiewski</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 21, 1868</u>	9. AGE (In years, less birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Broom Maker</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Lubiewski</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Lubiewski</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Agnes Kast 5220 Robert</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Hypostatic Lobar Pneumonia</u> ANTECEDENT CAUSES: <u>Arterio Sclerosis, Hypertrophias</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Prostate, Pericarditis</u> DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
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 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H90X</u>		
22. I hereby certify that I attended the deceased from <u>Dec 1</u> , 19 <u>50</u> , to <u>Dec 29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 29</u> , 19 <u>50</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. H. W. Schubach M.D.</u>			23b. ADDRESS <u>4717 Morgan Road</u>		23c. DATE SIGNED <u>12/30/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/2/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 31 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. L. Ziegenhein & Sons 7027 Gravois</u>	

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

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Francis J. Owen

Signed.....
Student Embalmer

Licensed Embalmer No. *2245*

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.