

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40461

State File No. _____

10683

DEC 12 1952

BIRTH NO. _____

REG. DIST. NO. _____

318

PRIMARY REG. DIST. NO. _____

1009

Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louisc. LENGTH OF STAY (in this place) 50 yearsd. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri

b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis2139d. STREET ADDRESS (If rural, give location) 5400 Arsenal Street

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

KostanciaLuczak4. DATE OF DEATH (Month) (Day) (Year) Nov. 19 1952

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)

Widow

8. DATE OF BIRTH

August 11, 1879

9. AGE (In years last birthday)

73

10. UNDER 1 YEAR

73

11. UNDER 1 MIN.

7310a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Poland12. CITIZEN OF WHAT COUNTRY? U.S. alien

13a. FATHER'S NAME

Kazmes Scutkowska

13b. MOTHER'S MAIDEN NAME

Mary Joscbourko

14. NAME OF HUSBAND OR WIFE

Lawrence Luczak (deceased)15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No16. SOCIAL SECURITY NO. None17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stanley Luczak 3209 Osage St. Louis, Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of gall bladder

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH 2yrs. plus19a. DATE OF OPERATION 5-20-5219b. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 155X22. I hereby certify that I attended the deceased from July, 1951, to Nov. 19, 1952, that I last saw the deceased alive on Nov. 19, 1952, and that death occurred at 1:00 a.m., from the causes and on the date stated above.23a. SIGNATURE (Degree or title) John Goldenker, M.D.23b. ADDRESS 5400 Arsenal Street 23c. DATE SIGNED 11-19-5224a. BURIAL, CREMATION, REMOVAL (Specify) Removal24b. DATE Nov. 22, 195224c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery24d. LOCATION (City, town, or county) (State) Mt. Olive & Lemay Ferry Rds.DATE REC'D BY LOCAL REG. NOV 20 1952REGISTRAR'S SIGNATURE J. Carl Smith, M.D.25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hofmeister U. & L. Co. 7814 So. Broadway St. Louis 11 Mo.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Linus C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7414 S Broad

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.