

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26639

State File No. ....

6638

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pronounced dead City Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>25 118 N. Broadway 22 1/2</b>					
3. NAME OF DECEASED (Type or Print) <b>Steve Lobacz</b> a. (First) <b>Steve</b> b. (Middle) <b>Lobacz</b> c. (Last)			4. DATE OF DEATH <b>7-3-53</b> (Month) <b>7</b> (Day) <b>3</b> (Year) <b>53</b>						
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SN</b>	8. DATE OF BIRTH <b>Oct 10-03</b>		9. AGE (In years last birthday) <b>49</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>News Vendor</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>Peter Lobacz</b>		13b. MOTHER'S MAIDEN NAME <b>Maggie Davidties</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Lobacz</b> ADDRESS <b>4552 Ashland ave</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) _____ ANTECEDENT CAUSES <b>Coronary Occlusion</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1225A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Patrick C Taylor Chronic</b> (Agree or title)				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>7-5-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24b. DATE <b>7-6-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>				
DATE REC'D BY LOCAL REG. <b>JUL 6 1953</b>		REGISTRAR'S SIGNATURE <b>J Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Central Funeral Home</b> ADDRESS <b>1841 Cass</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

2 10 11

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.....  
Signature of Student Embalmer

Signed *John J. Haines*  
Licensed Embalmer No. *4108*  
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.