No. 300
10.48

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

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6835

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1028

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Faith Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Carsonville 4000
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 8515 Katherine Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First): ABBIE
b. (Middle): M.
c. (Last): LUBIEWSKI

4. DATE OF DEATH (Month) (Day) (Year): January 28th, 1956

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 28th, 1889
9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): huosewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Couvion
13b. MOTHER'S MAIDEN NAME: not known
14. NAME OF HUSBAND OR WIFE: Theodore Lubiewski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-12-4876
17. INFORMANT'S SIGNATURE OR NAME: Louis Madsen, 831 Harlan
ADDRESS

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) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Terminal bronchopneumonia
Arteriosclerotic heart dis.

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

DUE TO (b) Arteriosclerotic heart disease — yrs. years
Generalized arteriosclerosis

DUE TO (c) Generalized arteriosclerosis — yrs years

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: 420.0
20. AUTOPSY? YES [X] 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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/25, 1956 *to* 1/28, 1956, *that I last saw the deceased alive on* 1/28, 1956 *and that death occurred at* 5:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Max S. Franklin (Degree or title) M.D.
23b. ADDRESS: 634 N. Grand
23c. DATE SIGNED: 1/30/56

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 1/31/56
24c. NAME OF CEMETERY OR CREMATORY: New Bethlehem Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: JAN 30 1956
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: DIEDRICH FUNERAL HOME, 8319 Hallsferry
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S. Demme

Licensed Embalmer No. 419

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.