

THE DIVISION OF HEALTH OF MISSOURI

FILED APR 30 1956 STANDARD CERTIFICATE OF DEATH

State File No. 14699

1003

Registrar's No. 3719

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. 3719			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) Collinsville		d. STREET ADDRESS (If rural, give location) 403 Bissell			
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane				8/20/56					
3. NAME OF DECEASED: a. (First) TONY b. (Middle) G. c. (Last) LUNDAK			4. DATE OF DEATH (Month) (Day) (Year) 4 14 1956						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH 7-13-1882			
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mine		11. BIRTHPLACE (State or foreign country) Collinsville, Ill.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Frank Lundak			13b. MOTHER'S MAIDEN NAME Annie -----			14. NAME OF HUSBAND OR WIFE Florence Lemen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 342-10-1567		17. INFORMANT'S SIGNATURE OR NAME Leonard J. Lundak, Collinsville, Ill. ADDRESS _____					
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) Hypertension and Cerebral Hemorrhage				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 4-6-56 , 19____, to 4-14-56 , 19____, that I last saw the deceased alive on 4-14-56 , 19____, and that death occurred at 2:20A m., from the causes and on the date stated above.					
23a. SIGNATURE Leonard J. Lundak (Degree or title) _____			23b. ADDRESS 9 1930 Lindell Blvd.			23c. DATE SIGNED 4-14-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/17/56		24c. NAME OF CEMETERY OR CREMATORY Holy Cross Lutheran		24d. LOCATION (City, town, or county) (State) Collinsville, Illinois			
DATE REC'D BY LOCAL REG. APR 14 1956		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Heber J. Rasmussen ADDRESS Collinsville, Ill.					

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.....

Licensed Embalmer No. 2803

P. O. Address Collinsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform to the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.