

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **35836**
9209

FILED NOV 16 1956

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

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION New Faith Hospital

d. STREET ADDRESS (If rural, give location) 2616 5730 a Cote Brilliante

3. NAME OF DECEASED
(Type or Print)

a. (First) Leoda b. (Middle) Lamarie c. (Last) Lubic

4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1956

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

8. DATE OF BIRTH May 28, 1904 **9. AGE** (In years last birthday) 52 **IF UNDER 1 YEAR** (Months) (Days) **IF UNDER 24 HRS.** (Hours) (Mins.) _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine shop

10b. KIND OF BUSINESS OR INDUSTRY Lincoln Eng. Co.

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. **12. CITIZEN OF WHAT COUNTRY?** USA.

13a. FATHER'S NAME John Kerner **13b. MOTHER'S MAIDEN NAME** Ella Keischling **14. NAME OF HUSBAND OR WIFE** William Lubic

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. 495-05-7412 **17. INFORMANT'S SIGNATURE OR NAME** William Lubic **ADDRESS** 5730a Cote Brilliante

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage

ANTECEDENT CAUSES Arterial aneurysm

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 days

YES **NO**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

20. AUTOPSY? 330x **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? _____

22. I hereby certify that I attended the deceased from Oct 3, 1956, to Oct 6, 1956, that I last saw the deceased alive on Oct 6, 1956 and that death occurred at 4 A.M., from the causes and on the date stated above.

23a. SIGNATURE M. A. Casel M.D. (Degree or title) **23b. ADDRESS** 2801 N. Taylor **23c. DATE SIGNED** 10/8/56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** Oct. 10, 1956 **24c. NAME OF CEMETERY OR CREMATORY** Calvary Cemetery **24d. LOCATION** (City, town, or county) (State) St. Louis, Mo

DATE REC'D BY LOCAL REG. OCT 9 1956 **REGISTRAR'S SIGNATURE** J. Earl Smith M.D. **25. FUNERAL DIRECTOR'S SIGNATURE** Miceli **ADDRESS** 1150 No. Kingshighway

M. J. B. (Licensed Embalmer's Statement on Reverse Side)

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

300
48

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

Anthony J. Giacchi

Licensed Embalmer No.

4277

P. O. Address

Levittown, Pa.

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

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