Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003917
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn — Inside Limits Yes [x] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4301 Oakwood — Length of stay in 1b: 5 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN Pine Lawn 4151 — Inside Limits Yes [x] No [ ]
d. STREET ADDRESS (If outside, give location) 4301 Oakwood — Reside on Farm Yes [ ] No [x]

3. NAME OF DECEASED (Type or print) First: ELIZABETH Middle: Last: LUX

4. DATE OF DEATH Month Day Year: January 6th,1959

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] 2 DIVORCED [ ]
8. DATE OF BIRTH: September 12th,1883
9. AGE (In years last birthday): 75 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Hungary 6
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Nickolas Hager
13b. MOTHER'S MAIDEN NAME: Elisabeth Ache
14. NAME OF HUSBAND OR WIFE: Thomas Lux

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.: 488-07-2143
17. INFORMANT: Marie Stoplos,4301 Oakwood Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension cardiovascular disease
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [x] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-19-55 to 1-6-59 and last saw her alive on 1-6-59
Death occurred at 8:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glen P. Harris (Degree or title) MD
22b. ADDRESS 6826 Natural Bridge
22c. DATE SIGNED 1-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1/9/59
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Co.,Mo.

24. FUNERAL DIRECTOR ADDRESS: DIEDRICH FUNERAL HOME,8319 Hallsferry
25. DATE RECD. BY LOCAL REG.: 1-7-59
26. REGISTRAR'S SIGNATURE: John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis Mo

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.