

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6202**

FILED MAR 4 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1473**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY			
b. CITY OR TOWN St. Louis, Mo		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city of incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 23 5 260 9 2259			
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) LUBIAN b. (Middle) Yarlock c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) 1-29-54		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH abt=1880		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State of Foreign Country) MO	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME LUK		13b. MOTHER'S MAIDEN NAME LUK	
14. NAME OF HUSBAND OR WIFE LUK		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service)		16. SOCIAL SECURITY NO. LUK	
17. INFORMANT'S SIGNATURE OR NAME C. G. Taylor		ADDRESS 1300 Clark		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1 Pulmonary Congestion		INTERVAL BETWEEN ONSET AND DEATH		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suffered when he fell on street near	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 Cardiac Hypertrophy DUE TO (c) 3 Fracture of Right Leg		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION The Hotel at St. Louis 1st use Exact time 11:15		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office, highway)		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) CO (STATE) MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 1 54 m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? He fell on street		22. I hereby certify that I attended the deceased from 1:40 p.m. to 6:44 p.m. , 19 54 , that I last saw the deceased alive on 1/29/54 , and that death occurred at 6:44 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Joseph M. French		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/9/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-27-54		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service		ADDRESS	
DATE REC'D BY LOCAL REG. FEB 16 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service	

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 *Frank C. Merrick*

Licensed Embalmer No. *485*

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.