WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21258

1. PLACE OF DEATH

County ..... Registration District No. 7[illegible]

Township ..... Primary Registration District No. [illegible]

City St. Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 5814

4498

2. FULL NAME Theodore Luebbers

(a) Residence, No. 4018 Dunnica St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 21, 1874

7. AGE: YEARS 58 | MONTHS 4 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 90

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER

13. NAME: Stephen Luebbers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Elizabeth Beck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Hospital Information, Gladys Hempel, City Hospital

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Calvary DATE: 6/20/32, 19

19. UNDERTAKER (ADDRESS): Oscar J. Hoffmeister, 4016 Chippewa St.

20. FILED: JUN 20 1932, 19 [illegible] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932, to June 20, 1932

I last saw him alive on June 20, 1932 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

22A

22

57A

Date of onset

Other contributory causes of importance: Chr arthritis

(1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Neural Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) City Hosp #1

Luebbers