

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

Do not use this space.

18480

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 203  
City St. Louis (No. 507) S. Kings highway St. Ward  
St. Louis Childrens Hospital

File No. 4741  
Registered No. 4741

**2. FULL NAME** Shirley Ann Luby  
(a) Residence, No. 2019 & Pennsy. Avenues, 24 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** F. **4. COLOR OR RACE** W. **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Child.  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Child.

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** April - 8 - 1930

**7. AGE** YEARS 3 MONTHS 1 DAYS 21 If LESS than 1 day, hrs. or min.

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.**  
**10. Date deceased last worked at this occupation (month and year)**  
**11. Total time (years) spent in this occupation.**  
Child

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St. Louis Mo.

**13. NAME** John Luby

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St. Louis Mo.

**15. MAIDEN NAME** Dorothy Michigan

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Oklahoma

**17. INFORMANT** J. McThvin  
(ADDRESS) 560 S. Kings highway

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE Calvary DATE May 30 1933

**19. UNDERTAKER** Edw. P. Howard + Son  
(ADDRESS) 34213 St. Louis ave

**20. FILED** 31 1933 J. F. Bredeck  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 5-29-33 1933

**22. I HEREBY CERTIFY, That I attended deceased from** 5-17-33, 1933, to 5-29-33, 1933.  
I last saw her alive on 5-29-33, 1933. Death is said to have occurred on the date stated above, at 100 A.M.  
The principal cause of death and related causes of importance were as follows:

Frysiplas Generalize  
Mongolian Idiocy  
15 15  
10 15  
8 15  
Other contributory causes of importance:  
Bronchopneumonia, terminal  
secondary

Date of onset 5-17-33  
Birth 1930  
5:20:33

Name of operation None Date of             
What test confirmed diagnosis?            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) W. E. Keiter, M. D.  
(Address) 500 So Kings highway

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.

