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.

2573

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 179

City St Louis (No. 3047 So Grand St. ..... Ward)

2. FULL NAME Anna M. S. Amalie Luebkert

(a) Residence, No. ..... St., 15 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF B. L. Luebkert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	1	1	

OCCUPATION

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

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Wm. Schubach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Maria Winkelmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) B. L. Luebkert 5047 So Grand

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Creamatory DATE 1-5- 1933

19. UNDERTAKER (ADDRESS) C. Hoffmeister U-L Co 7814 So Broadway

20. FILED ..... 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 15th, 1933, to January 3rd, 1934

I last saw her alive on January 3rd, 1933 Death is said to have occurred on the date stated above, at 4.9. m.

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

Cancer of Cover

Date of onset

Other contributory causes of importance:

Pleuresy / Hydropsy

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Dr Robert Greidwer M. D.

(Address) 1872 S 12th St Louis Mo

1012 Keyes Ave

Tel 3 P.M.