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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12743

Township ..... Primary Registration District No. 1003 Registered No. 2792

City St Louis Mo. (No. 1320 N. 19 St. ..... St. ..... Ward)

2. FULL NAME Catherine Lubiewski

(a) Residence, No. 1320 N. 19 St. St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Lubiewski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19th 1863

7. AGE YEARS 72. MONTHS 3. DAYS 20. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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 John Shrambek

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

MOTHER

15. MAIDEN NAME Dont Know

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

17. INFORMANT (ADDRESS) Thomas Lubiewski 1320 N 19th st.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mch 14th 1936

19. UNDERTAKER (ADDRESS) Aug Brockland L&U. Co 1421 N. 9 St.

20. FILED MAR 13 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1935, to March 11, 1936

I last saw her alive on March 9, 1936. Death is said to have occurred on the date stated above, at 5:45 A. m.

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

	Date of onset
Apoplexy Cerebral	2 weeks
82 a	
Other contributory causes of importance: Arteriosclerosis	5 months

Name of operation ..... 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) Thomas Grenier, M. D.

(Address) 4500 Alon