SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 30487
Township — Primary Registration District No. 2014 — Registered No. 246
City Jefferson City (No. St. Marys Hospital St. Ward)

2. FULL NAME Emil Frank Luebbert
(a) Residence, No. Taos, Mo. St., 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: Male
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 Mrs. Paula Luebbert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15-1898
7. AGE: YEARS 39 — MONTHS 4 — DAYS 25 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Westphalia, Mo.

FATHER
13. NAME Jos. H. Luebbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Koelstown, Mo.

MOTHER
15. MAIDEN NAME Eliz. Stuckenschneider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia, Mo.

17. INFORMANT (ADDRESS) Mrs. Paula Luebbert Taos, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Taos, Mo. DATE Sept. 12 1937
19. UNDERTAKER (ADDRESS) Heinrich Funeral Home Jefferson City, Mo.
20. FILED 9/13/ 1937 W. Bedford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1937, to Sept 9, 1937
I last saw him ~~alive on~~ Sept 9, 1937. Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:
Fracture Skull
Laceration of Brain
Oedema Lungs,
Date of onset
Other contributory causes of importance:
Injury to Head,
Name of operation 1943 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? accident Date of injury 9/7, 1937
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Industry - Mo prison cement work
Manner of injury Rock fell from platform struck
Nature of injury on head fracture of skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. W. Rawlins, M. D.
(Address) Jeff. City, Mo.

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.

50M-1-22-36 X9314

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FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

30487
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 213
(b) Township — Primary Registration District No. 3014 — Registered No.
(c) City Jefferson City (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emil Frank Luebbert
(a) Residence, No. ..... St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 39 — MONTHS 4 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19..
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 9/13/ 1937 [signature] M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1937
22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....
I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull Laceration of Brain	
Oedemia of Lungs	

Other contributory causes of importance:
Injury to Head 194B1

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? Accident Date of injury 9/7/, 1937
Where did injury occur? Jeff City Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
industry — Mo Prison Coal Work
Manner of injury Rocks fell from platform thinking on head
Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. W. Rambo, M. D.
(Address) J. C. Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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