DEC 13 1937

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

39216
Do not use this space.

791
1003
Registered No. 10203

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003

(c) City St. Louis, Mo. (d) Street No. Lutheran Hospital 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 Mr. Gustav Luebbecke

(a) Residence, No. 2744 Lafayette St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Ebeling Luebbecke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	9	14	

OCCUPATION:
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shipping Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. Oil Co.
10. Date deceased last worked at this occupation (month and year) Approx. 1926
11. Total time (years) spent in this occupation 25 yrs.

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

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

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

17. INFORMANT Wm. Luebbecke
(ADDRESS) 2519 Salena St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pilgrims Rest DATE 11-3-37, 19

19. FUNERAL DIRECTOR Beiderwieden Fun. Home, Inc.
(ADDRESS) 1936 St. Louis Ave.

20. FILED NOV 2 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937, to Oct 31, 1937
I last saw him alive on Oct 31, 1937. Death is said to have occurred on the date stated above, at 7:45 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Myocarditis	??
131	
Other contributory causes of importance:	
Arterial Sclerosis	??
Interstitial Nephritis	??
Chronic	

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? No
If so, specify .....
(Signed) William Simko M.D., M. D.
(Address) 1319 Broadway

(Licensed Embalmer's Statement on Reverse Side)

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.

Wm. Dembo
1319 S Broadway

1-3

STATEMENT BY LICENSED EMBALMER

I, Felix J. Krispin, Licensed Embalmer No. 3497

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)