

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

3677
 Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 657
 (b) Township Crown Hollow Primary Registration District No. 5876 Registered No. 41
 (c) City (d) Street No.
 (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

(a) Residence, No. Clara May Lubeckar 216 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1935

7. AGE YEARS 2 MONTHS 8 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 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) Perry Co Mo

FATHER 13. NAME Joseph D. Lubeckar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

MOTHER 15. MAIDEN NAME Emma Luber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT (ADDRESS) Joseph D. Lubeckar
Highland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crossroads DATE Feb 8 1938

19. FUNERAL DIRECTOR (ADDRESS) Young Sons
Perryville Mo.

20. FILED Feb 8 1938 Martin Morkel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1938

22. I HEREBY CERTIFY that I attended deceased from Feb 6 1938 to Feb 7 1938
 I last saw her alive on Feb 6 1938. Death is said to have occurred on the date stated above, at 12:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Streptococcus infection of throat
 Date of onset 2 days

Other contributory causes of importance: Survived from child birth injury. Unable to walk, speak, etc

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 Oscar Carron M. D.
 (Signed) Perryville Mo. (Address)

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Edward G. Young, Licensed Embalmer No. 2138

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward G. Young

..... L. E.

No. 2138 or by, Registered Apprentice No.

working under my personal supervision.

Signed Edward G. Young
Licensed Embalmer No. 2138

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