

REC'D MAY 10 1938

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

13263
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **De Paul 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

Hallie Rose Lubeski 12.0
(a) Residence, No. **7719 Dale Ave.** St. **nr** **Richmond Heights**
(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 **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 **Thomas Lubeski**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 2, 1893**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **44 9 22**
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Home**
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) **Illinois**
13. NAME **William Cox**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**
15. MAIDEN NAME **Susie Schockley**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**
17. INFORMANT (ADDRESS) **Thomas Lubeski 7719 Dale Ave**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **April 27, 1938**
19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Drehmann Haral 1905 Union Blvd.**
20. FILED **APR 26 1938** **J. D. Bredich** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 24, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **March 24, 1937** to **April 24, 1938**
I last saw h. **u.** alive on **4-24-38**. Death is said to have occurred on the date stated above, at **3:40 P.M.**
The principal cause of death and related causes of importance were as follows:
Carcinoma right ovary with metastase to all abdominal organs
Other contributory causes of importance:
Name of operation **Exploratory** Date of **5-8-37**
What test confirmed diagnosis? **Lab.** Was there an autopsy? **yes**
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 **E. J. Johnson** M. D.
(Signed) **E. J. Johnson** (Address) **667 N Grand**

12-35m
Sharon A. Lowe

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Sharon A. Lowe

Licensed Embalmer No. 3534

P. O. Address St Louis Mo.

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

If this body is not embalmed, above space should be left blank.