No. 2
4-13-40
5-17-39
I X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1005

State File No. 16307 3825

Registration District No. 791 Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3752 French Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 70

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 117 7

(d) Street No. 3752 French Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 70 years. 0

3. (a) PRINT FULL NAME Henry B. Lubbers

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race Wht.

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife Catherine Lubbers

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Unknown (Month) About (Day) 1859 (Year)

8. AGE: Years About 82 Months Unknown Days ..... If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany (State or foreign country)

10. Usual occupation Machinist

11. Industry or business .....

MOTHER FATHER

12. Name Henry Lubbers

13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Marguerite Hoffmann

(b) Address 3752 French Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41 (Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Jos. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) MAY 5 1941 (Date received local registrar) (b) F. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May. day 4 year 1941 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1940 to May 4 1941 that last saw him alive on May 1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion arteriosclerosis — Duration: minutes

Due to Hypertensive Heart Disease — 3 yrs

Due to Chr. Nephritis — 3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature George F. Sullivan (M. D. or other)

Address 42 Q W. Schwinn Date signed 5/5/41

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 1926 Alle

P. O. Address 2292

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.)

If this body is not embalmed, fact should be so stated above.