No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39879

Registration District No. N 24 1942

Primary Registration District No.

Registrar's No. 9587

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: DePaul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one month (Specify whether

In this community 56 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3525 N. Jefferson (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Victoria Lubiewski

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Thaddeus Lubiewski

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

7. Birth date of deceased Dec. 14, 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Stube
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name --
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Lee Dannicke

(b) Address 2419 N. 19 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St Louis Funeral Home

(b) Address 2205 St. Louis Ave.

19. (a) DEC 3 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st year 1941 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis; Fracture of Right Humerus, when she slipped and fell to the sidewalk at the southeast corner of Jefferson & Hebert Streets, about 7:00 P.M., Nov. 1st, 1941.

Due to

Due to

Duration

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) Accident

(b) Date of occurrence Nov. 1st, 1941

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)

Address Dispatch Room Date signed 12/3/41

(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.....

Licensed Embalmer No. 2971

P. O. Address.....

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.