

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

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:  
2015 N. 13th St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. None  
(Specify whether)

In this community Birth  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....

(c) City or town. St. Louis 2600  
(If outside city or town limits, write "RURAL")

(d) Street No. 2015 N. 13th St. 17  
(If rural, give location) 9

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME William N. Luebbert

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex. Male 5. Color or race. White

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

6. (b) Name of husband or wife. Louise Sprick Luebbert

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

7. Birth date of deceased. July 2, 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>22</u>	hr. min.

9. Birthplace. St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. House painter

11. Industry or business. Retired

MOTHER FATHER { 12. Name. Unknown

13. Birthplace. Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name. Unknown

15. Birthplace. Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant. Miss Christy E. Luebbert

(b) Address. 2015 N. 13th St.

17. (a) Burial (b) Date thereof. 4/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Johns Cemetery

18. (a) Signature of funeral director. Math Hermann & Son

(b) Address. 2161 East 7th Ave

19. (a) ADD ON APR 15 1942 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24,  
year 1942 hour 9:00 PM minute M.

21. I hereby certify that I attended the deceased from 1-20-42, 19, to 1-25-42, 19,  
that I last saw him alive on April 22, 1942, 19,  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic myocarditis don't know  
Duration

Due to.....

Due to.....

Other conditions. 93  
(Include pregnancy within 3 months of death) 93

Major findings: PHYSICIAN  
Of operations.....  
Of autopsy.....  
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?

Walter H. Spoeneman (Specify name of place)  
Signature. Walter H. Spoeneman (M. D. or other)  
Address. 1506 St. Louis Date signed 4/27/42

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**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 *William G. Buckholz*

Licensed Embalmer No. *2410*

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, fact should be so stated above.**