

Registration District No. Primary Registration District 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:
2519 Salena Street /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community..... Unknown
 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. 2519 Salena Street
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 th.
 year 1942 hour 11 minute 18 P.M.
 21. I hereby certify that I attended the deceased from 6/6/41
Sept 1941 to 9/16 1942
 that I last saw her alive on 9/15 1942
 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
1) Uremia
Acute Nephritis
Carcinoma of Cervix
 Due to.....
 Due to.....
 Other conditions
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations..... Carcinoma of Cervix
 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?

While at work?..... (Specify type of place)
 Means of injury.....
 23. Signature..... Herb Foster (M. D. or other)
 Address..... 727 Mrs. Foster Date signed..... 9/18/42

3. (a) PRINT FULL NAME Ada T. Lubbecke

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

William Lubbecke alive 54 years

7. Birth date of deceased..... October 2 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 11 14 hr. min.

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

10. Usual occupation..... Home

11. Industry or business.....

MOTHER FATHER

12. Name..... Meville Barnhill

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

14. Maiden name..... Sarah Welch

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

16. (a) Informant..... Wm. Lubbecke

(b) Address..... 2519 Salena Street

17. (a) Burial (b) Date thereof..... 9/21/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... National Cemetery

18. (a) Signature of funeral director..... Hacker-Decker and Co.

(b) Address..... 3634 Gravois Ave.

19. (a) SEP 18 1942 (b) J. F. Pradeck
 (Date received) (Registrar's signature)

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

0210000000

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 *Frank J. Gland*

Licensed Embalmer No. *2675*

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.