

FILED JUN 7 1943 17

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution: Villa Resu Convent 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution eight years
(Specify whether years, months or days)

In this community Saint Louis

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

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

(d) Street No. River View Dr.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sister Mary Anilla Luebbers

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 O.S.

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 25, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 7 3 hr. min.

9. Birthplace Fort Madison Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Luebbers

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

14. Maiden name Margaret Birk

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

16. (a) Informant Sister M. Philomene

(b) Address Villa Resu - R. 3

17. (a) BURIAL (b) Date thereof May 31, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Villa Resu Cemetery

18. (a) Signature of funeral director J. Hoffmeister

(b) Address 7814 S. B. Highway

19. (a) JUN 1 1943 (b) C. J. M. ...
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 28 1943, to May 28 1943
that I last saw her alive on May 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arteriosclerosis

Due to Hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy 930

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)

(e) Means of injury _____

23. Signature Albert ... (M. D. or other) _____

Address 5014 ... Date signed 5-29-43

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.....

Louis C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Bond*.....

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.