

FILED JUN 20 1944

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **137**

1. PLACE OF DEATH:

(a) County **Cole**

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

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

(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

In this community **Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole** **26**

(c) City or town **St. Thomas**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **Nearer St. Thomas, Mo.**
(If rural, give location) **0**

(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Catherine R. Luebbering**

3. (b) If veteran, name war. **no**

3. (c) Social Security No. **no**

4. Sex **Female** race **White** 5. Color or race **White**

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **0** years

7. Birth date of deceased **June 12 1897**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	0	4	hr. min.

9. Birthplace **St. Thomas, Mo. Cole Co.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

12. Name **Herman Luebbering**

13. Birthplace **St. Thomas, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Theresie Kleppner**

15. Birthplace **Mata, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Herman Hoecker**

(b) Address **St. Thomas, Mo.**

17. (a) **Burial** (b) Date thereof **6/18/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Thomas Catholic Cem**

18. (a) Signature of funeral director **Victor Brescher**

(b) Address **Jefferson City, Mo.**

19. (a) **6-17-44** (b) **Norma Richter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **16** day **June**
year **1944** hour **1:25** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 15** 19**44** to **June 16** 19**44**.
that I last saw her alive on **June 16** 19**44**.
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial failure**
Cardio-renal disease

Due to: **General amyloid degener- ation of all organs due to chronic drawing sinuses from Right**

Major findings: **sacro-iliac disease**

Of autopsy **as above Section made for possible T.B.**

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

(a) Accident, suicide, or homicide (specify) **131a**

(b) Date of occurrence

(c) Where did injury occur? **131a**
(City or town) (County) (State)

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

While at work? **0** (Specify type of place) (e) Means of injury **0**

23. Signature **J. A. Osseman** (M. D. or other) **M.D.**

Address **Jefferson City, Mo.** Date signed **6/17/44**

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

26
5
4

MOTHER, FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-22-44

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.