

No. 2
-8-43
5-17-39
X37823

FILED OCT 13 1944
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8445

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.
(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5523 PARTRIDGE AV.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution LIFE (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS.
(c) City or town ST. LOUIS. (If outside city or town limits, write "RURAL")
(d) Street No. 5523 PARTRIDGE AV. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STEPHEN LUEBBERS

3. (b) If veteran, name war NONE 3. (c) Social Security No. 490-14-9030

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOSEPHINE LUEBBERS 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased JAN 16TH 1873 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 17 If less than one day — hr. — min.

9. Birthplace ST. LOUIS MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation CUNY-BRAY GLASS CO GLAZER, (RETIRED)

11. Industry or business STEPHEN LUEBBERS

12. Name STEPHEN LUEBBERS 13. Birthplace GERMANY (City, town, or county) (State or foreign country)

14. Maiden name ANNA BUZE (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mildred Klueber (b) Address 5444 N. Campbell Ave. St. Louis

17. (a) BURIAL (b) Date thereof OCT. 5-44 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM. Brookland Und. Co

18. (a) Signature of funeral director 1827 HOGAN. STR. (b) Address

19. (a) OCT 4 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 3RD year 1944 hour 12³⁰ minute A. M.

21. I hereby certify that I attended the deceased from 9-28-44 to 10-3-44 that I last saw him alive on 10-2-44 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration _____
Due to Ch. myocarditis

Other conditions (Include pregnancy within 3 months of death) 92

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) _____
(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 J. A. Lanche (M. D. or other) M. D.
Address 4885 Natural Bridge Date signed 10-3-44

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

MOTHER FATHER

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

John Goswami

Licensed Embalmer No. 3398

P. O. Address.....

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.