

S. No. 2
-12.45
5-17-39
P 1 X47070

FILED MAY 19 1947
Registration District No. 310

Primary Registration District No. 3058

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles 72
(c) City or town St. Charles 9
(If outside city or town limits, write "RURAL")
(d) Street No. 201 South Second Street 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Martin Luebbers
3. (b) If veteran, name war World War 1 3. (c) Social Security No. NIL

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 11
year 1947 hour 3:10 minute A. M.
21. I hereby certify that I attended the deceased from 114
....., 1947 to 5/11....., 1947
that I last saw him alive on May 11....., 1947
and that death occurred on the date and hour stated above.

4. Sex Male 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..... years

Immediate cause of death.....
Carcinomatosis
generalized
of carcinoma of l.
lung bronchiogenic
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death) H7P
Major findings:
Of operations Carcinoma of lung
Of autopsy not done

Duration
<u>3 mo</u>
<u>6 mo</u>

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>18</u>	hr. min.

9. Birthplace Leopold Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business St. Joseph Hospital
12. Name Gerhard Luebbers
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Schumer
15. Birthplace Perry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Luebbers
(b) Address St. Libory, Illinois
17. (a) burial (b) Date thereof May 13-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter Cemetery, Mo.
18. (a) Signature of funeral director H. C. Dallmeyer & Sons
(b) Address 800 N. 2nd St. Charles, Mo.
19. (a) 5/15/47 (b) Franie Hauert
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....
23. Signature P. L. Luebbers (M. D. or other) 210
Address St. Charles, Mo. Date signed 5/15/47

Date Filed: 5-17-47

District File Number:

District Health Officer: Mr. J. M. [unclear]

RECEIVED

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: *Joseph + Landolt*
Licensed Embalmer No. *4189*
P. O. Address: *St. Charles 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.