

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County..... St. Louis

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

(c) Name of hospital or institution:  
2357 Tennessee Ave. /  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME James W. Edward Louby

3. (b) If veteran, name war No

3. (c) Social Security No. 489-03-6309

4. Sex Male  5. Color of race White

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

6. (b) Name of husband or wife Clara Louby

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

7. Birth date of deceased August 26 1884  
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 20  
If less than one day hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business

12. Name John William Louby

13. Birthplace Webster Groves Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Nirk

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

16. (a) Informant Emma Theresa Wall

(b) Address 3314a Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 18 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 2357 Tennessee Ave. 9  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct. day 16  
year 1948 hour 9:45 minute 0. M.

21. I hereby certify that I attended the deceased from Sept 21, 1946 to Oct. 16, 1948  
that I last saw him alive on Oct. 16, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease

Due to Arteriosclerosis, generalized 10 yrs

Due to Chronic myocarditis 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) (a) Means of injury

23. Signature James P. Murphy (M. D. or other) Oct. 18, 48  
Address James P. Murphy Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*with*

---

---

**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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.**