.S. No. 300
EV. 10-48

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

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35914

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4170

96

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy, 21, Mo.
c. LENGTH OF STAY (In this place): /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7270 S. Roland Drive,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 17 Normandy, 21, 96
d. STREET ADDRESS (If rural, give location): 7270 S. Roland Drive

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) W. c. (Last) Luebben

4. DATE OF DEATH (Month) (Day) (Year): Oct. 15th, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 9, 1858

9. AGE (In years last birthday): 91 — If under 1 year: Months 7, Days 6; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Carl Fleischmann

13b. MOTHER'S MAIDEN NAME: Caroline Von Sehlen

14. NAME OF HUSBAND OR WIFE: Late John E. Luebben

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Horace Duncan, 7270 S. Roland Drive

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 4 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myo Carditis
DUE TO (c) Chronic Endo Carditis — Mitral Insufficiency
Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 422.1

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 11, 1949 *to* Oct. 15, 1949, *that I last saw the deceased alive on* Oct. 15, 1949, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. G. Krenning

23b. ADDRESS: 4548 Harris Av.

23c. DATE SIGNED: 10/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/18/49

24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery

24d. LOCATION (City, town, or county) (State): Saint Louis, Missouri

DATE REC'D BY LOCAL REG.: 10-18-49

REGISTRAR'S SIGNATURE: Herbert R. Wenke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Calvin F. Feutz, 4828 Natural Bridge Blvd.

(Licensed Embalmer) Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Ralph E. Lindus

Licensed Embalmer No. 4275

P. O. Address Ft. Lauderdale

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.