

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14417

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 22720

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY OR TOWN St Louis Mo		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St Louis Mo 4138	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hosp		d. STREET ADDRESS 7453 Hick Dr			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) CERTRUDE ALVINA LUBESKI			Mar 23 - 1951			
b. (Middle)						
c. (Last)						
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Mar 12 - 1895	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Months Days	11. UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frederick Justice		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Thomas Lubeski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Thomas Lubeski 7453 Hick Dr	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Suba Ventricular Central Hemorrhage				7 hrs.	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized Arteriosclerosis					
		DUE TO (c) and Hypertension				6 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 March 23 1951		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	

22. I hereby certify that I attended the deceased from Aug 22, 1942, to March 23, 1951, that I last saw the deceased alive on March 23, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE David Wade Kerr, M.D.		23b. ADDRESS 4500 Olive St., St. Louis, Mo		23c. DATE SIGNED 5/24/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 26 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park St Louis City Mo	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Lancaster			
DATE REC'D BY LOCAL REG. MAR 25 1951		REGISTRAR'S SIGNATURE J. B. Lancaster		ADDRESS 1141 Lockery, 6536 Clayton Rd	

(Licensed Embalmer's Statement on Reverse Side)

Rec'd 145 17 1951

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

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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.