

FILED NOV 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. **35839**  
Registrar's No. **9338**

318

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|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |  | c. LENGTH OF STAY (In this place)<br><b>11 days</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>  |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>2670 2015a North 13th Street</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Christy</b>  |  | a. (First) <b>Christine</b>   |  | b. (Middle) <b>E. Elizabeth</b>  |  | c. (Last) <b>Luebbert</b>  |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>October 12 1956</b>  |  |   |  |  |  |  |  |
| 5. SEX<br><b>female</b>   |  | 6. COLOR OR RACE<br><b>white</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never Married</b>   |  | 8. DATE OF BIRTH<br><b>Nov 27 1890</b>   |  |
| 9. AGE (In years last birthday)<br><b>65</b>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |  | IF UNDER 10 MIN.<br>Hours _____ Min. _____   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Milliner (Retired)</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Scruggs-Vandewort Barney Company</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>William N. Luebbert</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Louise Sprick</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Never married</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |  | 16. SOCIAL SECURITY NO.<br><b>488-03-2219</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>William C. Luebbert, 2015a North 13th</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>HYPERTENSION</b><br>DUE TO (c) <b>ARTERIOSCLEROSIS, GENERALIZED</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>AURICULAR FIBRILLATION</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 DAYS</b><br><b>7 YRS</b><br><b>5 YRS</b><br><b>5 YRS</b> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>331x</b>   |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>MAY 15 1955</b> , to <b>OCT 12 1956</b> , that I last saw the deceased alive on <b>OCT. 12 1956</b> , and that death occurred at <b>6:50 P m.</b> , from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE<br><b>Robert A. Hall</b>   |  | (Degree or title)<br><b>M.D.</b>  |  | 23b. ADDRESS<br><b>3902 LAFAYETTE, ST. LOUIS, MO.</b>  |  | 23c. DATE SIGNED<br><b>OCT. 13, 1956</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 24b. DATE<br><b>Oct 15 1956</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. John's Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>                 |  |
| DATE REC'D BY LOCAL REG.<br><b>OCT 15 1956</b>  |  | REGISTRAR'S SIGNATURE<br><b>Carl Smith MD</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave</b>                                    |  |  |  |

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clement M. Young

Licensed Embalmer No. 3732

P. O. Address St. Louis

**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.