

FILED JUN 3 1957

STANDARD CERTIFICATE OF DEATH

18995  
State File No. \_\_\_\_\_  
Registrar's No. **4862**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>4862</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3/ St. Louis State Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2137 5400 Arsenal St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) c. (Last) <b>Luebbert</b>			4. DATE OF DEATH (Month) <b>May</b> (Day) <b>23</b> (Year) <b>1957</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 9, 1887</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Adam Luebbert</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Bentlage</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Albert Luebbert, 9837 Ventura</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchogenic carcinoma of lung with metastatic spread</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo. plus</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>162x</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic alcoholism with mental deterioration</b>				<b>1942</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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>1-12</b> , 19 <b>42</b> , to <b>5-23</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>5-23</b> , 19 <b>57</b> , and that death occurred at <b>3:45 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John H. McNeenan M.D.</b>				23b. ADDRESS <b>5400 Arsenal Street</b>		23c. DATE SIGNED <b>5-23-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>5/24/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 24 1957</b>		REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>DIEDRICH Funeral Home, 8319 Hallsferry</b>			

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

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

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 2575

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.