URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10244

-60-039950
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 4 weeks

c. CITY OR TOWN Moline — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 9826 Green Valley Dr., — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MORTON Middle W. Last LUEBBERT

4. DATE OF DEATH Month OCTOBER Day 20th Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-4-1892

9. AGE (last birthday) 68

IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Falstaff Brewery

11. BIRTHPLACE (City and state or country) East St. Louis, Ill.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Luebbert

13b. MOTHER'S MAIDEN NAME Anna Mausehund

14. NAME OF HUSBAND OR WIFE Elda Luebbert,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Address Elda Luebbert, 9826 Green Valley Dr., 36

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 1 wk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cirrhosis of liver. — 3-4 years

DUE TO (c) Arteriosclerotic Heart Dis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 581.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1958, to present and last saw ~~her~~ him alive on 10-20-60.
Death occurred at 3:20 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. Lawton M.D.

22b. ADDRESS 3400 N. Kingshighway

22c. DATE SIGNED 10-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10-24-60

23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri.

25. DATE RECD. BY LOCAL REG. OCT 22 1960

26. REGISTRAR'S SIGNATURE Karl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John A. Mlin

Licensed Embalmer No. 418

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.