

MAR 28 1961

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2533

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b years		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2647 Ohio Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Mary Middle C. Last Luebbert SISTER MARY CORTONA S.S.N.D. (LUEBBERT)				4. DATE OF DEATH Month March Day 14 Year 1961											
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/24/1888		9. AGE (last birthday) 72 yrs.		IF UNDER 1 YEAR Months 7 Days 20		IF UNDER 24 HR Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Sister of Notre Dame				10b. KIND OF BUSINESS OR INDUSTRY St. Francis deSales Parish		11. BIRTHPLACE (City and state or country) Westphalia, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.							
13a. FATHER'S NAME Frank Luebbert				13b. MOTHER'S MAIDEN NAME Elizabeth Ortmeier				14. NAME OF HUSBAND OR WIFE none							
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 Sr.M.Paulissa, S.S.N.D. - 2647 Ohio Ave.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis, generalized Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Strangulated (L) femoral hernia DUE TO (c) 561.1										INTERVAL BETWEEN ONSET AND DEATH 1 week					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
20c. TIME OF INJURY Hour 10:47 a.m. A p.m.		Month, Day, Year 8 March '61		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY St. Louis		STATE Missouri	
21. I attended the deceased from 8 March '61 to 14 March '61 and last saw ^(her) _(him) alive on 14 Mar. '61 Death occurred at 10:47 A m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE John Charles Doucette, M.D. (Degree or title)						22b. ADDRESS 2767 Gravois				22c. DATE SIGNED 3-14-61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mar. 17, 1961		23c. NAME OF CEMETERY OR CREMATORY Villa Gesu Convent Cemetery				23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri							
24. FUNERAL DIRECTOR Gebken Sons - 2630 Gravois Ave.				25. DATE RECD. BY LOCAL REG. MAR 16 1961		26. REGISTRAR'S SIGNATURE Neal Smith, M.D.									

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 E Morris

Licensed Embalmer No. 3360

P. O. Address Lemay 25, Missouri

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.