MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-61-030327
STATE FILE NUMBER

AMENDED

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 23

FILED AUG 21 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bowling Green
Length of stay in 1b: —
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RFD # 3
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pike
c. CITY OR TOWN: Bowling Green
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD # 3
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Anna Middle: Elizabeth Last: Luebrecht

4. DATE OF DEATH: Month: Aug. Day: 10 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-12-73
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months: 9 Days: 28
IF UNDER 24 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 (City and state or country): St. Louis County MO.
12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: John Luebrecht
13b. MOTHER'S MAIDEN NAME: Louise Relligman
14. NAME OF HUSBAND OR WIFE: Mathias Luebrecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Joe Luebrecht Address: Bowling Green. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteio-Sclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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

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 —, to — and last saw her ~~alive~~ dead on Aug 10
Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE: J. O. Mudd (Degree or title): Coroner
22b. ADDRESS: Bowling Green Mo
22c. DATE SIGNED: Aug 10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8-12-61
23c. NAME OF CEMETERY OR CREMATORY: St. Clement Cemetery
23d. LOCATION (City, town, or county) (State): St. Clement, Missouri

24. FUNERAL DIRECTOR: J. O. Mudd ADDRESS: Bowling Green, Mo.
25. DATE RECD. BY LOCAL REG.: 8-12-1961
26. REGISTRAR'S SIGNATURE: Maidee E. Williams

(Licensed Embalmer's Statement on Reverse Side)

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 James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green,

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.