REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12537
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 3141
(c) City St. Louis, Mo. (d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lawrence Leb
(a) Residence, No. 2603 Hebert St St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sophie Leb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 23, 1904
7. AGE: YEARS 33 MONTHS 5 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Mechanic
9. Industry or business in which work was done, as saw mill, bank, etc.: Automobile Mechanis
10. Date deceased last worked at this occupation (month and year): 1927 About
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baltimore, Maryland

FATHER
13. NAME: John Leb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Austria

MOTHER
15. MAIDEN NAME: Eva Franz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Austria

17. INFORMANT (ADDRESS): R. Mueller M. D. 5400 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE April 4, 1938
19. FUNERAL DIRECTOR (ADDRESS): Hy Leidner Mnd Co. 1417 N Market Str
20. FILED APR 3 1938 J. F. Budrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-1-1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27/38, 19..., to 4-1-38, 19...
I last saw him alive on 4-1-38, 19... Death is said to have occurred on the date stated above, at 8:59 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bilateral) 3-29-38	
108	
Other contributory causes of importance: Epilepsy 3-27-38-x	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) R. J. Mueller, M. D.
(Address) 5400 Arsenal St.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUM-7-28-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....John P. Buchholz.....

Licensed Embalmer No....1678.....

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.)