

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1940 JAN 12 1940 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41139
Registrar's No. 10262

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3328a California
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29
year 1939 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 15, 1939, to Nov. 28, 1939,
that I last saw him alive on Nov 28, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis, caused by old cerebral hemorrhage
Due to arteriosclerosis
with hypertension
Duration _____

Other conditions Paralytic Stroke
(Include pregnancy within 3 months of death)

Major findings: 29 ago
Of operations _____
Of autopsy 82a

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (If Means of injury)

23. Signature J. D. Gentry (M. D. or other)
Address 2505 No. Howard Date signed 11/29/39

8. (a) PRINT FULL NAME Lawrence Leibler 146
8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary V. 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January 7, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 10 22 hr. min.

9. Birthplace Perryville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business Hussman Refrigerator

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. J. Lutter

(b) Address 3328a California Ave.

17. (a) Burial (b) Date thereof 12-2-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director C. Hoffmeister W. L. Co.

(b) Address 7814 S. Broadway

19. DEC 1 1939 (b) _____
(Date received local registrar) (Registrar's signature)

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Edwin T. Libinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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 this body is not embalmed, above space should be left blank.