

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44567

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2129

1. PLACE OF DEATH:

(a) County ST. LOUIS
 (b) City or town CLAYTON
 (If outside city or town limits, write "RURAL" and name of township)
COUNTY HOSP
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community
 years, months or days)

8. (a) PRINT FULL NAME CHARLES ROY LEBER

3. (b) If veteran, name war L
 3. (c) Social Security No. L

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased OCT 17 1925
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 1 15 hr. min.

9. Birthplace ST. LOUIS MO
 (City, town, or county) (State or foreign country)

10. Usual occupation SCHOOL CHILD

11. Industry or business _____

12. Name CHARLES LEBER13. Birthplace ENGLESDALE W. VA14. Maiden name MARIE SPATE15. Birthplace CINCINNATI OHIO

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles A. Leber(b) Address 4801 Rosewood Ave17. (a) BURIAL (b) Date thereof DEC 15 1939

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM18. (a) Signature of funeral director L. B. Tanner(b) Address 6107 1/2 Grand Bridge Rd19. (a) DEC 4 1939 (b) DR. Meyer

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS
 (c) City or town PINE LAWN
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4801 ROSEWOOD AVE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
 year 1939 hour 10 minute 15PM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Tetanus 11/30/39

Due to Accidental injury of Right Great toe by a milk wagon on a public highway on November 24, 1939
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: accident(a) Accident, suicide, or homicide (specify) Nov 24, 1939(b) Date of occurrence Pine Lawn, Mo.

(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? Public placeWhile at work? no (Specify type of wagon ran over toe)

(a) Means of injury

23. Signature John E. Connelley (M. D. or other) LAddress Coroner of St. Louis County, Mo. Date signed 11/30/39

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

Lyle Wilkerson
Licensed Embalmer No. 3575

P. O. Address.....

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.