

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17365

State File No. _____

JUN 17 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1892

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Vineyard Park Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 41 Years
years, months or days)

3. (a) PRINT FULL NAME Mr. Louis George Lebrecht

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

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

6. (b) Name of husband or wife Mrs. Sarah Elizabeth Lebrecht 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 15 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>3</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Odell Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Banker

11. Industry or business Merchants Bank

12. Name Simon Lebrecht

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

14. Maiden name Caroline Gerson

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Hal Lebrecht

(b) Address 1235 W 57th St

17. (a) Burial (b) Date thereof May 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McMorish Cem

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 6, 1940 (b) M. M. Browne
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 203 Huntington Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1940 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 2 1940 to May 6 1940;
that I last saw him alive on May 5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 4 days

Due to 107a

Other condition Arteriosclerosis 145
(Include pregnancy within 3 months of death)

Major findings: None PHYSICIAN _____
Of operations _____
Of autopsy None
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)
(e) Means of injury !

23. Signature J. J. Shields (M. D. or other) _____
Address 922 1/2 W. 1st St. Date signed 5-6-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

51241

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo.

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.