

AUG 25 1940  
Registration District No. 791

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 5854

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6120 McPherson Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 75 Years. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME John C. Lebens. 152

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Katherine Lebens. 6. (c) Age of husband or wife if alive 62 years

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

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired News Paper

11. Industry or business St. Louis Globe

12. Name Peter Lebens.

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

14. Maiden name Mary Determann.

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

16. (a) Informant Mrs. Katherine Lebens.

(b) Address 6120 McPherson Ave.

17. (a) Burial (b) Date thereof 7-12-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JUL 12 1940 (b) J. F. Braddock  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis. 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6120 McPherson Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th.  
year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from May 19 1940 to July 40 1940  
that I last saw him alive on July 10 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration \_\_\_\_\_

Due to Renal insufficiency

Due to Large hypertrophied prostate gland.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
137

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) (e) Means of injury \_\_\_\_\_

23. Signature J. B. Berger (M. D. or other) \_\_\_\_\_  
Address 607 N. Grand Date signed 7/11/40

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

MOTHER FATHER

607-21. General  
10-11-00  
1200

**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Ludell

**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.