

No. 2
4-13-40
5-17-39
PI X23155

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED MAY 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13306
1287
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: VINTAGE PARK
(d) Length of stay: In hospital or institution SIX (6) DAYS
In this community about 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(d) Street No. 1727 PENNSYLVANIA
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME SOLOMON LEBRECHT
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 30
year 1941 hour 5 minute 30 P.M.

4. Sex Male 5. Color White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years 24 1869 (Day) (Year)

21. I hereby certify that I attended the deceased from Mon. 1, 1940 to Wed. 30, 41; that I last saw him alive on 8-20, 1941 and that death occurred on the date and hour stated above.

7. Birth date of deceased JULY 24 1869 (Month) (Day) (Year)
8. AGE: Years 71 Months 8 Days 6 If less than one day hr. min.

Immediate cause of death: Anemia 5 days
Due to Cholelithiasis 1 1/2 yrs

9. Birthplace ODELL ILL (City, town, or county) ILL (State or foreign country)

Due to Arteriosclerosis 1 1/2 yrs
Other conditions: Hypertension

10. Usual occupation MERCHANT

Major findings: No operation
Of operations

MOTHER FATHER
11. Industry or business
12. Name SIMON LEBRECHT
13. Birthplace GERMANY
14. Maiden name CAROLINE GERSON
15. Birthplace GERMANY

Of autopsy: none
Underline the cause to which death should be charged statistically.

16. (a) Informant ESTELLE LEBRECHT
(b) Address 1312 HOMER AVE K.C.K.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) (b) Date thereof (c) Place: burial or cremation CHICAGO ILLINOIS

18. (a) Signature of funeral director CARROLL DAVIDSON
(b) Address 3024 TRAOST AVE. K.C.MO

23. Signature J. H. Helder M.D.
Address 328 West K.C.MO Date signed 3-31-41

19. (a) April 1, 1941 (b) M. M. Brown Registrar's signature

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

8
3
8

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 *Julia K. Davidson*
Licensed Embalmer No. 1168
P. O. Address 3024 Trent a

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, fact should be so stated above.