

FILED MAR 17 1942

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
Mo. Baptist Hospital X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 Days
(Specify whether
In this community St. Louis
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 7
(d) Street No. 4527 Enright Ave
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Jedeon J. Le Bert

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

4. Sex Male D 5. Color or race White 6. (g) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 16 years 1864

7. Birth date of deceased February (Month) 16 (Day) 1864 (Year)

8. AGE: Years 78 Months 0 Days 1 If less than one day hr. min.

9. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER

12. Name Edward Le Bert

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

14. Maiden name Felécetea (Unknown)

15. Birthplace (Unknown) U.S. A.
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Le Bert

(b) Address 4527 Enright

17. (a) Burial (b) Date thereof Feb. 14 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director. P. Nicoli - son

(b) Address 1150 N. Kingshighway Blvd.

19. (a) FFR 13 1042 (b) J. F. Brudick
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14th
year 1942, hour 4 minute 12 M.

21. I hereby certify that I attended the deceased from 8th 1942 to Feb 14th 1942
that I last saw him alive on 2/11th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to inactivity
Due to broken heart

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations Broken heart

Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Jan 7th 1942
(c) Where did injury occur North St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

(Specify type of place) While at work? (e) Means of injury fall

23. Signature J. F. Brudick (M. D. or other)
Address 4932 Maryland Date signed 2/17/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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, fact should be so stated above.