

FILED OCT 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34457

State File No. _____

Registration District No. 258

Primary Registration District No. 4390

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Meta
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME ANTON HENRY LIBBERT

3. (b) If veteran, name war _____
3. (c) Social Security 489-03-1948

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

6. (b) Name of husband or wife Nettie Libbert
6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Dec 28 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Mechanic

11. Industry or business _____

12. Name John Libbert

13. Birthplace St. Thomas Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kuhn

15. Birthplace St. Thomas Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Libbert

(b) Address Meta, Mo

17. (a) Burial (b) Date thereof 10-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Cecilia Cem

18. (a) Signature of funeral director H. H. Stark

(b) Address Meta, Mo.

19. (a) 10-18-42 (b) Paul Reiman
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage
(c) City or town Meta
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1942 hour 12 minute 59 M.

21. I hereby certify that I attended the deceased from March 4, 1940 to Oct. 18, 1942
that I last saw him alive on Oct. 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Arteriosclerosis, renal hypertension.

Due to _____

Due to _____

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death) with oedema of lower extremities

Major findings: _____

Of operations _____

Of autopsy none - 12/15

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 Key S. Leuberg (M. D. or other)

Address Meta Mo. Date signed 10/18/42

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

76
0
0

76
0
0

517

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 *H. A. Strop*

Licensed Embalmer No. *2924*

P. O. Address *Metairie*

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.