

12431

V. S. No. 2
50M-542
Rev. 5-17-35
U. S. G. P. 16-2875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

REGISTERED APR 23 1943 318 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3546

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4447 McPherson Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County St. Louis
(If outside city or town limits, write "RURAL")

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4147 McPherson Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACOB LEIBRECHT

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1943 hour 6:50 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Male Race White

5. Color or Trace White

6. (a) Single, widowed, married, divorced, Married

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 16, 1899
(Month) (Day) (Year)

Immediate cause of death _____

Due to Tuberc Pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

43 3 27 hr. _____ min.

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

10. Usual occupation Bar tender

11. Industry or business Bar

12. Name Sebastian Leibracht

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

14. Maiden name Elizabeth Mitchell

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

16. (a) Informant E. Karl Leibracht

(b) Address 54540 St. Louis Ave

17. (a) Buried (b) Date thereof Apr 16, 1943
(Burial, cremation, or removal) (City) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Church

18. (a) Signature of funeral director J. J. Quinn

(b) Address 389 Howard Ave

19. (a) APR 15 1943 (b) J. J. Quinn
(Date received local registrar) (Registrar's signature)

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 Alfred Perry (M. D. or other) _____

Address St. Louis Date signed 4/15/43

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

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 Harry J. Schumaker
Licensed Embalmer No. 2679
P. O. Address 732 Lemay pky rd.

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.