

No. 2
 1-2-43
 5-17-39
 I X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **593**
 Registrar's No. **273**

FILED FEB 27 1944

Registration District No. **318** Primary Registration District No. _____

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:
4647 Michigan 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County _____
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4647 Michigan Ave.,
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Anthony J. Lebbing,
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 9
 year 1944 hour 8: minute 45 A.M.
 21. I hereby certify that I attended the deceased from Oct 10, 1939, to 1-9 1944
 that I last saw him alive on 1-9 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex Male, 5. Color or Race White, 6. (a) Single, widowed, married, divorced Married,
 6. (b) Name of husband or wife Elizabeth M. 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased June 18, 1889
(Month) (Day) (Year)

Duration
Coronary Thrombosis 1 hr
 Due to _____
Coronary Artery Disease 5 yrs
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	54	6	21	hr. min.

9. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)
 10. Usual occupation Clerk,

11. Industry or business _____
 12. Name Anthony Lebbing,
 13. Birthplace Germany, 4
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Garre,
 15. Birthplace Alsace Lorraine, 8
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
JK

16. (a) Informant Mrs. Elizabeth M. Lebbing,
 (b) Address 4647 Michigan Ave.,
 17. (a) Burial, (b) Date thereof Jan 12, 44.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hew SS, Peter & Paul

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?
 em _____
(Specify type of place)
 While at work? _____ (c) Means of injury _____

18. (a) Signature of funeral director Storax, Bonn
 (b) Address 2842 Meramec St.,
 19. (a) Jan 10, (b) J. F. Brudeck
(Date received from registrar) (Registrar's signature)

23. Signature A. J. Shatt (M. D. _____) MD.
 Address 703 Virginia Date signed 1-10-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

AUG 3 1944

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 W E Morris

Licensed Embalmer No. 3360

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.