

FILED MAR 6 1944 18
 Registration District No. **18**

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, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gertrude Lebrecht
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Female 5. Color or race 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
 7. Birth date of deceased July 27, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation Housework

11. Industry or business.....
 MOTHER FATHER { 12. Name Oswald Lebrecht
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Marie Spier
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. C. Lampert
 (b) Address 8631 Partridge Ave.

17. (a) Burial (b) Date thereof Feb. 26, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Paschedag-Henke Fun. Home
 (b) Feb 25 1944 2825 N. Grand Blvd.
(Date received local registrar) (Registrator's signature)

19. (a) Feb 25 1944 (b) J. F. Predest.
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5117 Alcott Ave.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 24th
 year 1944 hour 8:30 minute P. M.
 21. I hereby certify that I attended the deceased from Feb. 14th
 1944, to Feb. 24th 1944
 that I last saw her alive on Feb. 24th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration
 Due to 41
 Due to.....

Other conditions diabetes mellitis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none
 PHYSICIAN
 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?

Home
 While at work..... Means of injury 0
 23. Signature Wm. C. Lampert (M. D. or other).....
 Address 1515 Lafayette Date signed 2/25/44

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

John Agonowski
.....
Licensed Embalmer No. *3398*
.....

P. O. Address.....

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.