

FILED MAY 20 1944 818

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 4326

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:  
En Route to City Hospital #13  
(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: 000  
13  
5 25

(a) State Missouri (b) County.....

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

(d) Street No. 100 S. Fourth St  
(If rural, give location)

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

3. (a) PRINT FULL NAME Herman Leube

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th day April  
year 1944 hour 11:15 minute Am M.

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

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

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

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.

Immediate cause of death  
Chronic-Myocarditis

Duration

8. AGE:	Years	Months	Days	If less than one day
<u>About</u>	<u>65</u>			hr. min.

Due to W.M.A.

Due to.....

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

9. Birthplace Unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

Major findings:  
Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

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?.....

16. (a) Informant Thomas J. Callahan  
(b) Address Coroners Office

17. (a) Burial (b) Date thereof May 10 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work..... (Specify type of place) (c) Means of injury.....

23. Signature Alfred Perry (M. D. or other)  
Address Coroners Office Date signed 5/9/44

(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Petz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) MAY 10 1944 (Date received local registrar)  
J. F. Buddeck (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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  
.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed

*Not Embalmed*  
*Frank J. Owen*

Licensed Embalmer No. ....

*2245*

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.**