

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAY 31 1946
318

State File No. _____
Registrar's No. **4595**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 27 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. John Leb. Jr.

3. (b) If veteran, name war none

3. (c) Social Security No. 490-12-4934

4. Sex male white

5. Color 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 December 16 1908
(Month) (Day) (Year)

8. AGE: Years 37 Months 5 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation Punch Press Operator

11. Industry or business Modern Engineering

MOTHER FATHER

12. Name John Leb

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

14. Maiden name Eva Franz

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

16. (a) Informant Eva Leb.

(b) Address 1535a Benton St.

17. (a) Burial (b) Date thereof 5-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAY 22 1946 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

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. 1535a Benton St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th.
year 1946 hour 10:15 PM. minute _____ M.

21. I hereby certify that I attended the deceased from 2-10-46,
19____, to 5-20-46, 19____;
that I last saw him alive on 5-20-46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum
and metastases.

Due to _____

Due to _____

Other conditions H/O
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Rectum

Of operations _____

Of autopsy _____

Duration 1 yr.

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? _____

23. Signature W. H. Hanner (M. D. or other) W. H.
Address 3651 Grand St. Date signed 5/21/46

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

17012

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 P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis Ave*

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.

Dr. Theo. H. Hanner - 3651 Grandel - about 2 P.M.