

S. No. 2
M-5-43
v. 5-17-39
p. 1 X36671

FILED JUN 20 1946

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5152**

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: **Park Lane Hospital**
(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 **St. Louis**

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

(d) Street No. **2118 Mullanphy St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **ALICE MARY LEBING**

3. (b) If veteran, name war _____

3. (c) Social Security No. **497-03-6049**

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**

6. (b) Name of husband or wife **George V. Lebing** **6. (c) Age of husband or wife if alive** **50** years

7. Birth date of deceased **November 26 1897**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	6	11	hr. _____ min. _____

9. Birthplace **Bell Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machine Operator**

11. Industry or business **Shoe and Cap**

12. Name **John W. Loyd**

13. Birthplace **Osage County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **M. Branson**

15. Birthplace **Bell Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **George V. Lebing**

(b) Address **2118 Mullanphy St.**

17. (a) Burial (b) Date thereof **6/10/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

(a) Signature of funeral director **Stroot-Carroll**

(b) Address **4600 Natural Bridge Ave.**

19. (a) JUN 10 1946 **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7** year **1946** hour **11** minute **25** P. M.

21. I hereby certify that I attended the deceased from **May 20 1946**
_____ 19 _____ to **June 7 1946**
that I last saw her alive on **June 7 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
age in my condition	
Past Hemorrhagic	
Other conditions (Include pregnancy within 3 months of death)	
Hysteromyectomy	

Major findings: **Hysteromyectomy** **Physician**
Of operations **Cystic tubes** **Underline the cause to which death should be charged statistically.**
Of autopsy **Remedged from seconding**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **none**

(b) Date of occurrence **none**

(c) Where did injury occur? (City or town) (County) (State) **none**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**

23. Signature **J. F. Brebeck** (M. D. or other) **none**
Address **2738 N. Grand** Date signed **7/8-46**

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

MOTHER FATHER

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..... *Bert E. Hoffman*

Licensed Embalmer No..... *4366*

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.