No. 2
-1/47
-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1947

Registration District No. 3784

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25779

Registrar's No. 7412

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 4118 Rosa Avenue 9
(If rural, give location)

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(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Johanna Lebbing

3. (b) If veteran, name war: ----

3. (c) Social Security No.: none

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: May (Month) 6th, (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	2	29	hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: home

11. Industry or business

MOTHER FATHER

12. Name: Anton Lebbing 14

13. Birthplace: Germany 1
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret Carve

15. Birthplace: France 5
(City, town, or county) (State or foreign country)

16. (a) Informant: Henry Lebbing

(b) Address: 4118 Rosa Ave., St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8/8/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Old S.S. Peter & Paul Cemetery

18. (a) Signature of funeral director: Wacker-Hellebe U. & L. C.

(b) Address: 3634 Gravois, St. Louis, Mo.

19. (a) AUG 7 1947 (Date received local registrar) (b) J. A. Beedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th year 1947 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured typ. Chronic Interstitial Nephritis with Uremia and fell down alley steps. Duration

Due to: fall down door way leading from Hall-1 to outside porch at City Sanitarium July 11, 1947 about 11 P.M.

Due to:

Other conditions (Include pregnancy within 3 months of death): NO

Major findings:
Of operations: NO

Of autopsy: NO

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify): Accidy

(b) Date of occurrence: July 11 1947 000

(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? City Sanitarium (Specify type of place)

While at work? no (e) Means of injury: fall down

23. Signature: Thos L. Callanan Coroner (M. D. or other)

Address: 1300 Clark Date signed: 8-7-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Frank J. Hyland

Licensed Embalmer No. 2645

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.