S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40385

FILED DEC 12 1947

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 2496

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 22 Brighton Way
(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 Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 22 Brighton Way
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Robson Renwick Ledeboer
3. (b) If veteran, name war None
3. (c) Social Security No. 386-10-4042
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Ledeboer
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August (Month) 9 (Day) 1886 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | 3 | 21 | ..... hr. ..... min. |

9. Birthplace Grand Rapids (City, town, or county) Michigan (State or foreign country)
10. Usual occupation Store Designer
11. Industry or business .....
FATHER
12. Name Abram Ledeboer
13. Birthplace Unknown (City, town, or county) Holland (State or foreign country)
MOTHER
14. Maiden name Lillian Renwick
15. Birthplace Grand Rapids (City, town, or county) Michigan (State or foreign country)
16. (a) Informant Edith Ledeboer
(b) Address 22 Brighton Way
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Grand Rapids, Michigan
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 12-1-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30 year 1947 hour 9 minute 05 P. M.
21. I hereby certify that I attended the deceased from 11-30-47 ....., 19..., to 11-30- 1947 that I last saw him alive on 11-30- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to — arteriosclerosis
Due to — 94 a
Other conditions — 47 —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration ?

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) —
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature A. C. Malles (M. D. or other) M. D.
Address Univ. Club Bldg. Date signed 12-1-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1949

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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.**