

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19177  
Registrar's No. 534

FILED JUL 6, 1948  
Registration District No. 128

Primary Registration District No. 2000

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

9  
2  
6

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution:  
O'Reilly Veterans Administration Hospital  
(d) Length of stay: In hospital or institution 4 Months  
In this community Same

3. (a) PRINT FULL NAME ANDREW LEBOSKIE  
3. (b) If veteran, name war World War I  
3. (c) Social Security No. Unknown

4. Sex Male 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 November 24, 1895

8. AGE: Years 52 Months 7 Days 19  
If less than one day hr. min.

9. Birthplace Bromsboro, Illinois

10. Usual occupation Coal Miner

11. Industry or business Coal Miner

MOTHER FATHER

12. Name John Leboskie  
13. Birthplace Unknown  
14. Maiden name Annie Lepkock  
15. Birthplace Unknown

16. (a) Informant VA Records  
(b) Address Spfld, Mo.

17. (a) Removal (b) Date thereof 7-2-48

(c) Place: burial or cremation Freeburg, Ill  
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri  
19. (a) 7-2-48 (b) W. J. Hardy M.D.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County St. Clair 999  
(c) City or town Freeburg  
(d) Street No. 11  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2  
year 1948 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 13, 1948 to July 2, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced, active.  
Tuberculous enteritis.  
~~was~~ Tuberculosis of urinary tract with vesico-cutaneous fistula.

Due to 1312  
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 1312  
Of autopsy 1312

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury  
23. Signature Paul L. Eisele, M.D.  
Address O'Reilly VA Hospital Date signed 7-2-48

**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 \_\_\_\_\_

*Lee Mason*

Registered Apprentice No. *477*

working under my personal supervision.

Signed

*Jewell E. Kudde*

Licensed Embalmer No. *2831*

P. O. Address *Springfield 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.**