

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38972

State File No. ....

FILED NOV 25 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9780**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (In this place) <u>3 Months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of Poor</u>		d. STREET ADDRESS (If rural, give location) <u>23 2124 Victor St.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Louis</u> b. (Middle) _____ c. (Last) <u>LeBert</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 12 1949</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 26-1865</u>
<b>9. AGE</b> (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> _____	
<b>13a. FATHER'S NAME</b> <u>Louis LeBert</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Dont Know</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mary Deceased</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No.</u>		<b>16. SOCIAL SECURITY NO.</b> _____	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Virginia Semplaski</u>		<b>ADDRESS</b> <u>2124 Victor St.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> <u>Senility</u> ANTECEDENT CAUSES <u>None</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
<b>19a. DATE OF OPERATION</b> <u>None</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>None</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>St. Louis Mo.</u>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) <u>None</u>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <u>Heart</u>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Sept. 12, 1949</u> , to <u>Nov. 12, 1949</u> , that I last saw the deceased alive on <u>Nov. 9, 1949</u> , and that death occurred at <u>7:50 Am.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>Bernard H. Hottel M.D.</u>		<b>23b. ADDRESS</b> <u>2435 N. Grand Blvd</u>	
<b>23c. DATE SIGNED</b> <u>11-12-49</u>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>Nov. 15-1949</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>St. Louis Mo.</u>	
<b>DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE</b> <u>Nov 18 1949</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Arthur J. Downey</u>	
_____		<b>ADDRESS</b> <u>3840 Lindell Blvd</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*W H Van Matre*

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.