

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 13273
04797

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) Lakewood		c. CITY (If outside corporate limits, write RURAL and give township) 8/ Lakewood		
c. LENGTH OF STAY (in this place) YEARS		d. STREET ADDRESS (If rural, give location) 5140 Hilda		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5140 Hilda				
3. NAME OF DECEASED a. (First) Lena		b. (Middle) _____		c. (Last) LeBaube
(Type or Print)				4. DATE OF DEATH Dec. 27, 1949
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 25, 1872	9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Switzerland 5	
12. CITIZEN OF WHAT COUNTRY? UNKNOWN				
13a. FATHER'S NAME not known		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Alexander LeBaube
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alexander LeBaube 5140 Hilda
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure; asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		
		INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Nephritis		
		DUE TO (c) Arterio Sclerosis		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		450.0		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Dec 25, 1949, to Dec 27, 1949, that I last saw the deceased alive on Dec 26, 1949, and that death occurred at 11:45 a.m., from the causes and on the date stated above.				
23a. SIGNATURE H. L. Williams, M.D.		23b. ADDRESS 4124 S. Grand		23c. DATE SIGNED 12/27/49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/29/49		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.
				24d. LOCATION (City, town, or county) (State) St Louis County, Mo.
DATE REC'D BY LOCAL REG. 12-28-49		REGISTRAR'S SIGNATURE Herbert K. Dombke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein & Sons 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Frank J. Durand*

Licensed Embalmer No. *7245*

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.