

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24907

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6251**

1. PLACE OF DEATH a. COUNTY D		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 15 mi.	c. CITY OR TOWN Pacific	b. COUNTY 0360
d. FULL NAME OF HOSPITAL OR INSTITUTION No. Baptist Hospital		d. STREET ADDRESS 1	

3. NAME OF DECEASED (Type or Print) LORENZ ALBERT LEBER			4. DATE OF DEATH (Month) (Day) (Year) July, 10, 1951		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 15, 1889	9. AGE (In years last birthday) 61	10. UNDER 1 YEAR Months - Days -	11. UNDER 1 MRS. Hours - Mins. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motion Picture		10b. KIND OF BUSINESS OR INDUSTRY Motion Picture		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Lorenz Leber		13b. MOTHER'S MAIDEN NAME Bertha Rachtke		14. NAME OF HUSBAND OR WIFE Maidie Leber	
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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. 492-563463		17. INFORMANT'S SIGNATURE OR NAME Maidie Leber, Pacific, Mo.		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY infarction				INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) HYPERTENSIVE HEART DISEASE.			
				DUE TO (c) GENERALIZED ARTERIOSCLEROSIS			
		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 type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201	
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22. I hereby certify that I attended the deceased from **Jan 1946 to July 10, 1951**, that I last saw the deceased alive on **July 10, 1951**, and that death occurred at **6 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. ...		23b. ADDRESS Pacific Mo		23c. DATE SIGNED 7/12/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 13, 1951		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) Pacific, Mo.	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE Geo. L. ...		ADDRESS Pacific, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 29 1957

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 *Geo. L. Thibbes*
Licensed Embalmer No. *3008*
P. O. Address *Pacific 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.