

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35328**  
Registrar's No. **8877**

FILED OCT 23 1951

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ENROUTE CITY HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>2118 MULLANPHY</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>V.</b> c. (Last) <b>LEBING</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 6 1951</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAR. 20-1895</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.N.</b>					

13a. FATHER'S NAME <b>ANDREW LEBING</b>		13b. MOTHER'S MAIDEN NAME <b>BRIDGET GILLEN</b>		14. NAME OF HUSBAND OR WIFE <b>ALKE LEBING (DECD)</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HENRY E. SLADEK 3320 CALIFORNIA</b>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		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) <b>Gastric Hemorrhage</b> DUE TO (c) <b>Gastric Carcinoma</b>		
	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 checked="" 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)
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? <b>151X</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:47 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Patrick E. Taylor Coroner</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>10.8.51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>OCT 9-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEM</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
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DATE REC'D BY LOCAL REG. <b>OCT 8 1951</b>	REGISTRAR'S SIGNATURE <b>Paul Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Pharmaceuticals 2906 Grand</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Coverman - Case

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Leo J. Budd

Signed.....  
Student Embalmer

Licensed Embalmer No. 3989

P. O. Address St. Louis

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.