

FILED SEP 5 1956

STANDARD CERTIFICATE OF DEATH

State File No. 29490

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2005

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sappington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sappington	
c. LENGTH OF STAY (in this place) 23 yrs		d. STREET ADDRESS (If rural, give location) Baptist Ch. & Gravois Rds.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Ch. & Gravois Rds.			

3. NAME OF DECEASED (Type or Print) John	a. (First)	b. (Middle) C	c. (Last) Leber	4. DATE OF DEATH (Month) (Day) (Year) Aug 22, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married	8. DATE OF BIRTH May 7, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY unk.	11. BIRTHPLACE (State or foreign country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Leber	13b. MOTHER'S MAIDEN NAME Margaret Weis	14. NAME OF HUSBAND OR WIFE Augusta Leber
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 333-01-9317	17. INFORMANT'S SIGNATURE OR NAME Augusta Leber	ADDRESS Sappington Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		10 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asthma with chronic pneumothorax DUE TO (c) left lung		4 years
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"/>
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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) 4200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 2, 1946**, to **Aug 23, 1956**, that I last saw the deceased alive on **Aug 23, 1956**, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert M. T. Chenore M.D.	23b. ADDRESS P.O. Box 6 Sappington 23 Mo	23c. DATE SIGNED 8-23-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/25/56	24c. NAME OF CEMETERY OR CREMATORY St Lucas Cemetery	24d. LOCATION (City, town, or county) (State) Sappington Mo.
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DATE REC'D BY LOCAL REG. 8-24-56	REGISTRAR'S SIGNATURE Herbert R. Lambke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons	ADDRESS 7027 Gravois
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

C. P. Kidwell

Signed
Student Embalmer

Licensed Embalmer No. 3877

P. O. Address 727 Graves's

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.