

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009392

INDEXED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 677 STATE FILE NUMBER

FILED VS MAR 1 0 1960

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 2 DAYS	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5208 FINKMAN AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PAUL Middle L. Last LEBON			4. DATE OF DEATH Month 27 Day FEBRUARY Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-27-82	9. AGE (last birthday) 77	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET IRED BREWERY WORKER		10b. KIND OF BUSINESS OR INDUSTRY BREWERY	11. BIRTHPLACE (City and state or country) HARTARYK, BELGIUM		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME VINCENT LEBON		13b. MOTHER'S MAIDEN NAME PAULINE VERUAKE		14. NAME OF HUSBAND OR WIFE MARIE L. LEBON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 492-05-6117	17. INFORMANT MARIE L. LEBON (WIFE) Address 5208 FINKMAN AVE ST. LOUIS, MO.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **ARTERIOSCLEROTIC HEART DISEASE** INTERVAL BETWEEN ONSET AND DEATH **Undetermined**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **420.0**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. attended the deceased from **2-25-60** to **2-27-60**

Death occurred at **8:20 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Oppler (Degree or title) W. OPPLER, M.D., Director Professional Services, Vet Adm Hosp, Jeff Brks, Mo.	22b. ADDRESS	22c. DATE SIGNED 2-28-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-2-60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.	25. DATE REGD. BY LOCAL REG. 2-29-60	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. Allen Lewis Sr.*

Licensed Embalmer No. *40*

P. O. Address *J. L.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.