

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017728

FILED VS APR 29 1960

317

Primary Registration District No. 547 Registrar's No. 1102

STATE FILE NUMBER

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Hts.</b>		Length of stay in lb <b>4 Days</b>		c. CITY OR TOWN <b>University City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>7021 Waterman Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JEROME</b> Middle <b>GEORGE</b> Last <b>LEBER</b>			4. DATE OF DEATH Month <b>Apr.</b> Day <b>1</b> Year <b>1960</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-19-1927</b>	9. AGE (last birthday) <b>33</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Agent-Self Employed</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Alphonse Cyril Leber</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Marie Schafer</b>			14. NAME OF HUSBAND OR WIFE <b>-----</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 2</b>			16. SOCIAL SECURITY NO. <b>498-10-6475</b>		17. INFORMANT Address <b>William Leber 817 N. McKnight Rd. (32)</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>GENERALIZED LYMPHOMATOSIS WITH LYMPH NODE AND VISCERAL INVOLVEMENT</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 MONTHS</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 _____ a.m. _____ p.m.	Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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	
21. I attended the deceased from <b>3/29/60</b> to <b>4/1/60</b> and last saw her/him alive on <b>4/1/60</b> Death occurred at <b>11:45 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Patrick Walter Kennedy, Jr. M.D.</b>			22b. ADDRESS <b>1215 So. Grand Boulevard</b>			22c. DATE SIGNED <b>4/2/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>April 4, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. James, Mo.</b>			23d. CITY, TOWN, OR COUNTY (State) <b>St. Louis, Mo.</b>		
24. FUNERAL DIRECTOR <b>Kriegshauser 9450 Olive St. Road</b>			25. DATE RECD. BY LOCAL REG. <b>4-2-60</b>		26. REGISTRAR'S SIGNATURE <b>J. M. Murphy M.D.</b>			

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 William S White

Licensed Embalmer No. 4291

P. O. Address 4228 1/2 King

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to conform 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.