2153
S. No. 2
M—S-42
. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35616

FILED DEC 7 1942

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 9925

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17 2 3
(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2015 Menard Str.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Lebbing
3. (b) If veteran, name war No
3. (c) Social Security No. ?
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Anna Lebbing
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) abt. (Day) 1870 (Year)
8. AGE: Years Abt. 72 Months Unknown Days If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Anthony Lebbing
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Lebbing
(b) Address 2015 Menard St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul
18. (a) Signature of funeral director J. G. Mordell
(b) Address 1926 Allen Ave.
19. (a) NOV 25 1942 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28, year 1942 hour 5:00 minute A. M.
21. I hereby certify that I attended the deceased from November 25, 1942, to November 28, 1942 that I last saw him alive on November 28, 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary occlusion
Due to
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death).
Hypertrophy
Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Means of injury
23. Signature Leo J. Wade (M. D. or other)
Address 1515 Lafayette Avenue, Date 11/28/42

NOV 28 1942

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen Av

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.