

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39671
04532
Registrar's No.

FILED DEC 6 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3067

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladue</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladue</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs 42</u>		d. STREET ADDRESS (If rural, give location) <u>15 Litzpinger Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence-15 Litzpinger Lane</u>		e. STREET ADDRESS (If rural, give location) <u>15 Litzpinger Lane</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>LEBENS</u> c. (Last) <u>WAIT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-27-49</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>March 30, 1862</u>		9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	

13a. FATHER'S NAME <u>Peter Lebens</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Antoinette Detemmann</u>		14. NAME OF HUSBAND OR WIFE <u>Walter J. Wait</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. O. H. Reis, 15 Litzpinger Lane</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chr. myocarditis</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chr. myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</u>	
ANTECEDENT CAUSES (b) <u>chr. interstitial nephritis</u>		ANTECEDENT CAUSES (b) <u>chr. interstitial nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</u>	
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	
DUE TO (c) _____		DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		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"/>	
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? _____	

22. I hereby certify that I attended the deceased from 12-23, 1948, to 11-27, 1949, that I last saw the deceased alive on 11-27, 1949, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edwin P. Meiners, M.D.</u>		23b. ADDRESS <u>6651 Enright Ave.</u>		23c. DATE SIGNED <u>11-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>11-28-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons, St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-28-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons, St. Louis, Mo.</u>	

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

Dr. E. P. Meyers,
6615 Emright Avenue
CA-5402

1-3 7-8

PAID

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.