

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

36708

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. Pennington Hosp.)

File No.....  
Registered No. 11839 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 1279<sup>a</sup> Hadassant Ave. 9. Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF George W. Leach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
60 5 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Pendleton Mo.

10. NAME OF FATHER Wm Martens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Philomena Mische 12/31/1919 (Age)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) Mr. George W. Leach  
1279<sup>a</sup> Hadassant Ave.

15. FILED REC 51 19 19 Max G. Starosoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 19 24  
17.

I HEREBY CERTIFY, That I attended deceased from Dec 23, 1924, to Dec 28, 1924, that I last saw h. or alive on Dec 28, 1924, and that death occurred, on the date stated above, at 7:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia / 10/11  
(duration) yrs. mos. 7 da.

CONTRIBUTORY Chronic Myocarditis (SECONDARY)  
(duration) 1 yrs. mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, 1279<sup>a</sup> Hadassant Ave.

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination  
(Signed) A. P. Sheffle, M. D.

(Address) 21 Mo. Theatre Bldg - St. Louis

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Valhalla Cemetery  
20. UNDERTAKER Mr. L. Pleitsch

**DATE OF BURIAL**

Dec 31 19 24  
ADDRESS 5966 Eastern Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

