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

Do not use this space.

2929

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.

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 515

City St Louis (No. 5600, Arsenal St. ..... Ward)

2. FULL NAME FRED LEINERT

(a) Residence. No. 2708 Wyoming St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS 3

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Leinert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-10-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Police Officer 15B
(b) General nature of industry, business, or establishment in which employed (or employer) 130
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany St. Louis

PARENTS

10. NAME OF FATHER Nick Leinert

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

12. MAIDEN NAME OF MOTHER Magdalen Betz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mary Leinert
(Address) 2708 Wyoming

15. FILED JAN 15 1928 Mark Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan-6, 1928, to Jan 14, 1928 that I last saw him alive on Jan 14, 1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas of Face 14 days
Nephritis, Acute Hemorrhagic 9 days
due to non Traumatic Erysipelas
cause unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia, 3 days
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2708 Wyoming

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) George H. Garrison, M.D.

1/14, 1928 (Address) Isolation Hospital

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus — DATE OF BURIAL Jan 17 - 1928.

20. UNDERTAKER Ziegenhein Bros. — ADDRESS 2623 Cherokee