

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

Do not use this space.

14923

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. **St. Louis**) (Name **St. Louis**) (Ward **Hoop**)

File No.....  
Registered No. **3829**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **2817 Luskhurst Cir 12** Ward. **St. Louis 20, Mo.**  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF** (or ~~WIFE OF~~)  
Audrey Leppold

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Dec 22, 1896

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 3 14

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work Clerk  
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad  
(c) Name of employer

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

**10. NAME OF FATHER** Louis Leppold

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

**12. MAIDEN NAME OF MOTHER** Jennie Evans

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

**14. INFORMANT** Mrs. Audrey Leppold  
(Address) 2817 Luskhurst Cir, St. Louis, Mo.

**15. FILED** R-6 1928  
19. **W. C. Stankoff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Apr. 5 19 28

**17. I HEREBY CERTIFY** That I attended deceased from **Mo.** **18** 19 **28**, to **Apr 4** 19 **28** that I last saw h. **alive on Apr 4 pm 19 28**, and that death occurred, on the date stated above, at **Mo.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
**Peritonitis**  
**117a**  
(duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** **Large vessel affected**  
(duration) yrs. mos. da. **10**

**18. WHERE WAS DISEASE CONTRACTED** **Mo.**  
IF NOT AT PLACE OF DEATH? **Mo.**

**DID AN OPERATION PRECEDE DEATH?** **yes** DATE OF **3/29/28**

**WAS THERE AN AUTOPSY?** **no**

**WHAT TEST CONFIRMED DIAGNOSIS?** **Superculture**  
**45** (Signed) **J. W. C. ... M. D.**  
**19 28** (Address) **557 N. Lombard**

\*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** **Calvary Cemetery** **4/7** **1928**  
**DATE OF BURIAL**

**UNDERTAKER** **Burgess & Co. 3661 Washington**  
**ADDRESS**

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

