

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

Do not use this space.

22574

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. 5426 Pennsylvania)

File No.

Registered No. 6795

SL. Ward)

2. FULL NAME

(a) Residence. No. 5426 Pennsylvania St. 15 Ward. 6

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 - 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 11 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) New Orleans
(STATE OR COUNTRY) La.

10. NAME OF FATHER George Leistritz

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Edw. Leistritz
(Address) 5426 Pennsylvania

15. 28 1928 May C. Hankel
FILED 19. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 20 1928, to June 28 1928 that I last saw him alive on June 25 1928, and that death occurred, on the date stated above, at 8:55 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Interstitial Nephritis
Thrombosis

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

18. WHERE WAS DISEASE CONTRACTED At Home
IS NOT AT PLACE OF DEATH.

19. DATE OF OPERATION PRECEDING DEATH. DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Physical findings
(Signed) John J. Smith M. D.
28, 1928 (Address) 3614 50 Bm

*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 East Garden Ill. DATE OF BURIAL 6-29-1928

20. UNDERTAKER Zeigenthal Bros. 2623 1/2 Chicago St.

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.

