

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

Do not use this space.

19887

1. PLACE OF DEATH

County..... Registration District No. 79
 Township..... Primary Registration District No. 7(C)D(S)
 City St. Louis; (No. ms. Baptist Sant St. Ward)

File No. _____
 Registered No. 5509

2. FULL NAME

Leonard P. Peffler
 (a) Residence. No. # 6753 Southwood Ave. St. Louis 00 Mo
 (Usual place of abode) _____
 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 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2, 1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
13. 9. 14.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Sedalia, Mo
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Victor H. Peffler

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

12. MAIDEN NAME OF MOTHER Stella A. Streight

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

14. INFORMANT Victor H. Peffler
 (Address) # 6753 Southwood

15. MAY 18 1979
 FILED _____ 19 _____
 REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-16-1979

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1979, to May 16, 1979, that I last saw h. MAA alive on May 16, 1979, and that death occurred, on the date stated above, at 8:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicæmia, meningococcus

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS Blood culture.

(Signed) J. W. White M. D.

*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. DATE OF BURIAL

Valhalla Receiving Texas 5-18-1979

20. UNDERTAKER

LeR. Dutton ADDRESS _____ Street
#4449

K. R.—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.

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Lester Sedgwick
Dr. T. W. [unclear]
Lester Sedgwick

1874

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: _____

Leonard L. Leffler

Who died at: _____

St. Louis, Mo., on May 16, 1929,

Residence: No. _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____ Months _____ Days _____

Sex: _____

Color or race: _____

Single, married, widowed or divorced: _____

Date of birth: _____

Age: Years _____

Months _____

Days _____

Occupation: (a) Trade _____

(b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: _____

Septicemia, Meningococcus

Contributory: _____

*Not Meningitis; Infection given over skin by ser.
D. W. White, civ. of U.S. 12-6-29*

Where was disease contracted? _____

1929
L8861 #
6261

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