

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

Do not use this space.

38876

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo (No. 1901 St. 13<sup>th</sup> St)

File No. ....  
Registered No. 11320  
St. .... Ward

**2. FULL NAME** Mathilda Leeseemann

(a) Residence. No. 1901 St. 13<sup>th</sup> St St. 26 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred. C. Leeseemann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 - 1857

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>72</u>	<u>7</u>	<u>6</u>	

**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) Germany  
(STATE OR COUNTRY)

10. NAME OF FATHER J. Ahrens.

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Harry Leeseemann  
(Address) 1901 N. 13<sup>th</sup> Street

15. FILED NOV 20 1929 Max C. Starker  
19..... REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from July the 1<sup>st</sup>....., 1929, to about the 17<sup>th</sup>, 1929. that I last saw him alive on Nov. the 17<sup>th</sup>, 1929, and that death occurred, on the date stated above, at 12 - A.M. m.

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

Chronic parenchymal Nephritis

CONTRIBUTOR (SECONDARY) 1290  
(duration) ..... yrs. .... mos. .... ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Dr. Reinhold Pender M. D.

Nov. 19, 1929 (Address) 3318 S. Grand av

\*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 Skew. St. Marcus DATE OF BURIAL Nov. 20 1929

20. UNDERTAKER Hy Leidner and Co ADDRESS 1417 N. Market 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.

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WHITE POWER, WITH ONFADING MARKS—THIS IS A PERMANENT RECORD

3318 S. Howard. I