

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

Do not use this space.

28145

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. 3420 N. 22d St)..... St. Ward)

File No. 7986
Registered No.
St. Ward)

2. FULL NAME Anna Leipp

(a) Residence. No. 3829 West Ave St. 20 Ward.

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 28

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 Not known

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT George Leipp
(Address) 3420 N. 22d St.

15. FILED AUG 10 1930 Max C. Stork REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Aug 6, 1930 that I last saw h. er alive on Aug 6, 1930, and that death occurred, on the date stated above, at 7:55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

151 Chron. nephritis
97 (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Place of death
NOTIFY PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF N
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? renal symptoms
(Signed) William T. Hirsch M. D.

8700, 1930 (Address) 3500 N Grand St

*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 Dredens Cemetery DATE OF BURIAL Aug 11, 1930

20. UNDERTAKER Goodhart & Goodhart ADDRESS 2228 St. Louis Ave

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.

