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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8076

Township ..... Primary Registration District No. 1003 Registered No. 2448

City W. Louis (No. 3016 Texas St. ..... Ward)

2. FULL NAME Nicholaus Leverenz

(a) Residence. No. 3016 Texas St., 24 Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 6 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	6	16	

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany 10

PARENTS

10. NAME OF FATHER Johann Leverenz

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

12. MAIDEN NAME OF MOTHER Elisabeth Mrage

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

14. INFORMANT Wm Leverenz
(Address) 3016 Texas Ave

15. FILED FEB 24 1931 Max J. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1931, to Sept. 22, 1931 that I last saw h..... alive on Nov 1931, and that death occurred, on the date stated above, at 4:05 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis

(duration) 2+ yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) —

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ①
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No —
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs & Symptoms

(Signed) M. W. Gausbosch, M. D.
2-23, 1931 (Address) 3019 So Jefferson Ave.

*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
Sunset Burial Pk.	2-24 1931
20. UNDERTAKER	ADDRESS
Witt Bros. L & N. Co.	2929 S. Jefferson

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.