

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

Do not use this space.
26268

1. PLACE OF DEATH

County Registration District No. **791**
 Townshlp Primary Registration District No. **11003**
 City **St. Louis Mo.** (No. **Lutheran Hosp.**) St. Ward) **24**

File No.
 Registered No. **7384**
 St. Ward)

2. FULL NAME

Marie H. Leffler
 (a) Residence, No. **3300 Ohio Ave.** St. 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 1-1-1883</i>		
7. AGE	YEARS <i>48</i>	MONTHS <i>6</i>
	DAYS <i>0</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Wife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>St. Louis Mo.</i>		
FATHER	13. NAME <i>Franz C. Marschel</i>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Marie Schoentker</i>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>Mo.</i>	
17. INFORMANT <i>Ernest A. Leffler</i> (ADDRESS) <i>3300 Ohio Ave.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Mo. Crematory</i> DATE <i>July 4 1931</i>		
19. UNDERTAKER <i>Jesgenhart Bros.</i> (ADDRESS) <i>2102 3/4 Chestnut St.</i>		
20. FILED <i>11-2-31</i> 19 <i>11/2/31</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 1-1-1931*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *12:30* m.
 The principal cause of death and related causes of importance were as follows:
191
Heart Prostration

Other contributory causes of importance:
191

3. Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *J.W. Fernal*
 (Signed) *J.W. Fernal* M.D.
 (Address) *54 Coron*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

