

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

Do not use this space.

34507

1. PLACE OF DEATH

County Jackson
Township Kaw
City K. C. Mo.

Registration District No. 309
Primary Registration District No. 3002
(No. Menorah Hospital)

File No. _____
Registered No. 4226
St. _____ Ward _____

2. FULL NAME Mrs. Lena Leritz

(a) Residence. No. 937 West 32nd St. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 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 <u>Married</u> |
|-------------------------|----------------------------------|---|

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND of
(OR) WIFE OF Louis Leritz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4, 1862

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>69</u> | <u>2</u> | <u>13</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(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. NAME OF FATHER William Hoppe

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

12. MAIDEN NAME OF MOTHER Doris Minter

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

14. INFORMANT Mr. Louis Leritz
(Address) 937 W. 32nd St. K.C. Mo.

15. FILED 10/18 31 M. M. Corowe
REGISTRAR user

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-17 1931

17. I HEREBY CERTIFY, That I attended deceased from 10-10, 1931, to 10-17, 1931 that I last saw him alive on 10-17, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary disease - advanced
Chronic Myocarditis - atherosclerosis
Several years (duration) yrs. 9 3/4 mos. ds.

CONTRIBUTORY (SECONDARY) _____
(duration) yrs. 9 3/4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? Yes - at Menorah Hospital
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) A. Sophian 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 Forest Hill DATE OF BURIAL 10-19 1931

20. UNDERTAKER Freeman Mortuary ADDRESS K.C. Mo.

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.

MARGIN RESERVED FOR BINDING

Dr. Diphtheria

12 to 2.

Age 10 days.