

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

Do not use this space.

3144

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 1003
 City St. Louis (No. St. Mary's Infirmary)

File No.
 Registered No. 903
 St. Ward

2. FULL NAME

Frank Leuschke
 (a) Residence, No. Frank Hotel 6th Chestnut 25 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1870
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. About 61

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 37
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs
 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) Kentucky 2

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashe M. Lewis

17. INFORMANT St. Mary's Infirmary (ADDRESS) 1536 Poplar St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan 27 1932

19. UNDERTAKER (ADDRESS) J. H. Kuhn, P. & Co. 2842 Manchester St.

20. FILED Jan 27 1932 Wm C Standen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-19 1931, to 1-24 1932
 I last saw him alive on 1-24 1932 Death is said to have occurred on the date stated above, at 12:05 pm
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
acute nephritis
Carcinoma of Stomach
 Date of onset 1-10-32
 Other contributory causes of importance: ?

Name of operation Gastro-intero-stomy Date of 12-30-31
 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? no
 If so, specify...
 (Signed) H. H. Stevens, M. D.
 (Address) 1536 Poplar 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.

