

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

Do not use this space.

**21613**

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. ....

City St. Louis (No. City Hospital)

File No. ....

Registered No. 5410

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3834 Fairview Ward 16  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Leppe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21st - 1879

7. AGE YEARS 54 MONTHS 7 DAYS 30 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. musician  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. musician's club  
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) Germany

13. NAME Carl Leppe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Selma W. Burton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

17. INFORMANT (ADDRESS) Hospital information Grace Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE June 22, 1933

19. UNDERTAKER (ADDRESS) By Leiden Hudco 1417 N. Market St.

20. FILED JUN 22 1933 G. J. Bredek Registrar.

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20th 1933

22. I HEREBY CERTIFY That I attended deceased from June 19, 1933, to June 20, 1933

I last saw him alive on June 20, 1933. Death is said to have occurred on the date stated above, at 3:25 P.M.

The principal cause of death and related causes of importance were as follows:

59 Cerebral Hemorrhage  
131  
93C  
51

Other contributory causes of importance:  
Diabetes Mellitus  
Chr. Nephritis  
arterio-sclerosis  
Chr. Myocarditis

Name of operation none Date of .....  
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Married G. Dehn M. D.  
(Address) City Hospital

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.

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