

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

Do not use this space.

JUL 12 1935

21089

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **5316**, **Harney Ave**) St. .... Ward)

File No. ....  
 Registered No. **5003**  
 St. .... Ward)

**2. FULL NAME**

**John C. Leffel**  
 (a) Residence, No. **5316 Harney** St., **7** 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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE, OF **Mary A. Leffel**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 8, 1850**  
 7. AGE YEARS **85** MONTHS **0** DAYS **29** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Editor**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Western Star**  
 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) **Indiana**

MOTHER 13. NAME **Daniel Leffel**

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

15. MAIDEN NAME **Barbara Rickenbacher**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mary Leffel** (ADDRESS) **5316 Harney**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Bernard** DATE **June 6, 1935**

19. UNDERTAKER **Pronost Und. Co.** (ADDRESS) **3710 N. Grand Blvd.**

20. FILED **JUN - 11 1935** **J. F. Bredek** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 7<sup>th</sup> 1935**

22. I HEREBY CERTIFY That I attended deceased from **April 26**, 19**35**, to **June 7**, 19**35**  
 I last saw him alive on **June 6**, 19**35** Death is said to have occurred on the date stated above, at **3 A.** m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset **4/24/35**  
**930**  
**Ischemic Myocarditis**  
 Other contributory causes of importance: **Semilety**

Name of operation **none** Date of .....  
 What test confirmed diagnosis? **Radiogram** 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) **Geo. B. Sarsen** M. D.  
 (Address) **3442 Waldene Ave**

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.

Dr. Krueger 2 - 4 P.M.  
and Grading