

FEB 24 1936

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

Do not use this space.

4079

1. PLACE OF DEATH

County St. Louis
Township Richmond Hts.
City St. Mary's Hospital

Registration District No. 1170
Primary Registration District No. 62484
(No. St. Mary's Hospital)

File No. _____
Registered No. 281
St. _____ Ward _____

2. FULL NAME

Fern Heiserman Leps

(a) Residence, No. 5312 Michigan St. _____ Ward _____

(Usual place of abode)

(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 Female 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 Hester I. Leps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 5 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe company

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

13. NAME Ray Heiserman

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Lester I. Leps
(ADDRESS) 5312 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pk DATE 1-25-36

19. UNDERTAKER Southern Und. Co.
(ADDRESS) 6327 Grand

20. FILED Jan 25 1936 Beatrice Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Jan 23, 1936
I last saw h. alive on Jan 22, 1936 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Carcinoma of Cecum

Date of onset

3 yrs ago

Other contributory causes of importance

W/O

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) Melvin N. Wolf
(Address) 320 Milwaukee 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.

Dr. Wm. D. Cook
New York
2-14