

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

Do not use this space.

JAN 20 1937

46496

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Jewish Hospital**)

File No.....
Registered No. **12285**
St. Ward)

2. FULL NAME

(a) Residence, No. **Leopold, Eur. Joseph**
(Usual place of abode) **7300 Clayton St., N.R. Ward. Clayton Mo.**
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. (If nonresident, give city or town and State)

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 Augusta Leopold		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/2/1878		
7. AGE 58	YEARS	MONTHS
	9	12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....		

12. BIRTHPLACE (CITY OR TOWN)..... **Austria**
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME **Joseph M. Leopold**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Walter A. Leopold**
(ADDRESS) **1216 Moorlands Drive**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Valhalla Crematory** DATE **12/16/36**

19. UNDERTAKER **Robert J. Ambruster**
(ADDRESS) **6633 Clayton Road**

20. FILED **J. T. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/14**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **12/11**, 19**36**, to **12/14**, 19**36**

I last saw h. **119** alive on **12/14**, 19**36** Death is said to have occurred on the date stated above, at **6.30 P.**

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

Spleno-myelogenous Leukemia ?
Hemorrhage, Cerebral 12/14/36

Name of operation **None** Date of.....
What test confirmed diagnosis? **Physical** 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?
If so, specify.....
(Signed) **E. G. Coffey**, M. D.
(Address) **6402 N. B. Rd.**

DEC 15 1936

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V.S. NO. 2
20M-2-19-36
I X7284

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.

