

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 420
Township Jefferson Primary Registration District No. 5574
City St. Louis (No.) St. Ward

12296

File No. Registered No.

2. FULL NAME

Judith Leutzinger
(a) Residence, No. Hillboro #3 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Felix Leutzinger

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 68 - - - - -

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

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

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) St. Louis13. NAME Gus Winfield14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) Felix Leutzinger18. BURIAL, CREMATION, OR REMOVAL PLACE Hillboro DATE March 7 193719. UNDERTAKER (ADDRESS) Donnell B. Dratch20. FILED 3-23 1937 Jessie Donnell Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 193722. I HEREBY CERTIFY, That I attended deceased from January 26, 1937, to March 4, 1937I last saw her alive on Mar 3, 1937. Death is saidto have occurred on the date stated above, at 2:38 p. m.

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

Solar Pneumonia

Date of onset

1-26-37Other contributory causes of importance: NoneName of operation Date of What test confirmed diagnosis? Was there an autopsy? 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? NoIf so, specify (Signed) , M. D.(Address)

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.

