

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.

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

32268

Do not use this space.

8322

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis  
(e) Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.....

Primary Registration District No.....

Registered No.....

(d) Street No. DePaul Hospital

(If death occurred in Hospital or Institution, write its name instead of street and number)

## 2. PRINT FULL NAME

Barbara Leistrutz

(a) Residence, No. 1914a St. Louis Ave. St. 26  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
1 2 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

13. NAME Harold Leistrutz

14. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Vera Bunselmeier

16. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Harold Leistrutz  
1914a St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New Bethlehem Cem. Sept. 4, 1937

19. FUNERAL DIRECTOR Beiderwieden Funeral Home  
(ADDRESS) 1936 St. Louis Ave.

20. FILED SEP 3 1937 J. Bredeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1937, to Sept 2 1937

I last saw her alive on Sept 1 1937. Death is said to have occurred on the date stated above, at 2:15 a. m.

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

Intercalitis  
gastro-enteritis  
119b  
acute hepatitis  
2 days

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? Aut. 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) Arthur Sundlaar M. D.  
(Address) 7207 University St.

STATEMENT BY LICENSED EMBALMER

I, Julius J. Krupinski, Licensed Embalmer No. 3497  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Julius J. Krupinski  
Licensed Embalmer No. 3497

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**