

DEC 13 1937

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

 39668  
 Do not use this space.

## 1. PLACE OF DEATH

 (a) County ..... Registration District No. **791 / 1003 /**  
 (b) Township ..... Primary Registration District No. .... Registered No. **10655**  
 (c) City **St. Louis** (d) Street No. **City Hospital** ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME **William Leffler**
 (a) Residence, No. **610 Lynch** ..... St. **24**  
 (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 **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 **Sarah Leffler**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 5, 1884**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**52 11 10**

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Peddler**

9. Industry or business in which work was done, as 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) **St. Louis**  
 (STATE OR COUNTRY) **Missouri**
13. NAME **William Leffler**
 14. BIRTHPLACE (CITY OR TOWN) **Unknown**  
 (STATE OR COUNTRY)
15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

 17. INFORMANT **Sarah Leffler**  
 (ADDRESS) **610 Lynch Street**

 18. BURIAL, CREMATION, OR REMOVAL PLACE **Picker Cem.** DATE **Nov. 18, 1937**

 19. FUNERAL DIRECTOR **Heuch Bros**  
 (ADDRESS) **2201 So. Grand Blvd.**

 20. FILE NO. **NOV 17 1937** **J. P. Bredeck**  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/15/37** .19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

 I last saw him ..... alive on ..... Death is said to have occurred on the date stated above, at **11:35 P.M.**

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

 Date of onset  
**Fracture of Skull, Subdural Hemorrhage of Brain, and Lobar Pneumonia suffered when struck by Ford Coupe driven by one, Clarence Gortney, at 19th & Lynch St., about 11:00 P.M.**

 Other contributory causes of importance:  
**on November 4, 1937.**

 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **Yes.**

 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **Criminal Careless** Date of injury **11/4/1937**

 Where did injury occur? **St. Louis, Mo.**  
 (Specify city or town, county, and State)

 Specify whether injury occurred in industry, in home, or in public place.  
**In Public Place.**
Manner of injury ..... **See Above.**

Nature of injury .....

 24. Was disease or injury in any way related to occupation of deceased? **N.O.**  
 If so, specify .....
(Signed) **Alfred J. Perry, M.D.**(Address) **DePauly Co. Inc.**

(Licensed Embalmer's Statement on Reverse Side)

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.

 31-655  
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STATEMENT BY LICENSED EMBALMER

I, George C. Weick, Licensed Embalmer No. 2268

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*George C. Weick*

Licensed Embalmer No. 2268

**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.)**