

REC'D FEB 10 1939

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

948

Do not use this space.

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## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City or St. Louis Mo. (d) Street No. Deaconess 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Rudolph Lefholz

(a) Residence, No. .... St. **NR** Warrenton Mo.  
 (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 Elizabeth Lefholz  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1861  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 8 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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 65

12. BIRTHPLACE (CITY OR TOWN) Smithsreek  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Richard Lefholz  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Frank Beyton  
 (ADDRESS) Holden Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Trelour Missouri. DATE Feb 3, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.  
 (ADDRESS) 4700 Washington Blvd.

20. FILED JAN 30 1939  
J. F. Prudeck  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939, to Jan 30, 1939  
 I last saw him alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 3:25 p.m.  
 The principal cause of death and related causes of importance were as follows:

Bowel Obstruction due to Adhesions from old operation for appendectomy 25 yrs ago.  
 Other contributory causes of importance: Uræmia

Name of operation Laparotomy to release adhesions Date of 1-26-39  
 What test confirmed diagnosis? As above 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? .....

If so, specify.....  
 (Signed) John Stewart, M. D.  
 (Address) Lester Blvd

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Albert S. Kapp*

Licensed Embalmer No. *2971*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**