DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940 291

Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41246

Primary Registration District No.

Registrar's No. 10369

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jefferson-Lynch Sts.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2716 McNair Av.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry Leupp. 100

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Dec (Month) 24 (Day) 1865 (Year)

8. AGE: Years 73 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Stone Cutter retired

11. Industry or business

FATHER
12. Name Jacob Leupp.
13. Birthplace Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. H. Recker

(b) Address 3419 a Winnebago St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-39 (Month) (Day) (Year)

(c) Place: burial or cremation Olds + Marcus

18. (a) Signature of funeral director Witt Bros. L & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) DEC 4 1939 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1939 hour 7 30 pm minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull Subdural Hemorrhage of Brain

Due to Struck by Auto while walking across Street

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec 1 1939

(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No (e) Means of injury Struck by Auto

23. Signature Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 12-4-39

(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.

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 Paul A. Shanklin, Registered Apprentice No. _____ working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 7998 S. Jefferson

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

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