

NOV 12 1940

Registration District No. 201

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: 1003 2
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4533 Nebraska Ave.
 (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)

3. (a) PRINT FULL NAME Drucilla Leppold 143
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. Leppold 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 5, 1851
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>8</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Nashville Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Roper 1

13. Birthplace Penn. 9
 (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address 4533 Nebraska Ave.

17. (a) Cremation (b) Date thereof Dec. 5, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Weick Bros Und. Co.

(b) Address 2201 S. Grand Bl.

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

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 15
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4533 Nebraska Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
 year 1939 hour 5 minute 0 A.M.

21. I hereby certify that I attended the deceased from 11/3/39,
 _____, 19____, to 12/2/39, 19____;
 that I last saw her alive on 12/1/39, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration _____

Due to Senility

Due to _____

Other conditions _____
 (include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Andrew J. Klem (M. D. or other) M.D.

Address 3531 a Delor. Date signed 12/4/39

WHITE PENCIL—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I 10311

Wm. A. Stearn
3531 E. Helen St
2 P.M.

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 Wm. A. Stearn
Licensed Embalmer No. 3722
P. O. Address 412 Duchouquette St

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.