

2
3-40
-39
23150

STANDARD CERTIFICATE OF DEATH

State File No. 40085

9856

JAN 15 1941

791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis**
(c) Name of hospital or institution: **4621 Oregon Ave.**
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town **St. Louis**
(d) Street No. **4621 Oregon Ave.**
(e) If foreign born, how long in U. S. A? **50** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **29** year **1940** hour **11** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **Sept. 25, 1939** to **Nov. 29, 1940**
that I last saw him alive on **Nov. 13, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Duration **died suddenly**

Due to **HT**
Due to **Diabetes (mild)**
Other conditions (include pregnancy within 3 months of death) **3 years**

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

23. Signature **Chas. C. Paule** (M. D. or other)
Address **7806 S. Broadway** Date signed **11-29-40**

3. (a) PRINT FULL NAME **LOUIS LEPPERT**

3. (b) If veteran, name war **-----** 3. (c) Social Security No. **488-03-9243**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Maggie Leppert** 6. (c) Age of husband or wife alive **62** years

7. Birth date of deceased **March 20 1872**
(Month) (Day) (Year)

8. AGE: Years **68** Months **8** Days **9** If less than one day hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Foreman**

11. Industry or business **Mississippi Valley Iron Co.**

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maggie Leppert**
(b) Address **4621 Oregon Ave.**

17. (a) **Burial** (b) Date thereof **Dec. 2, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **J. K. Hebburn Inc. & Und. Co.**
(b) Address **2842 Meramec St.**

19. (a) **DEC 2 1940** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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..... **Me**

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert F. Gebken*

Licensed Embalmer No..... **4144**

2842 Meramec St.

P. O. Address..... **St. Louis, Mo.**

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, fact should be so stated above.