No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Kudi - La. 3338
1-3-6
State File No. 40571
3532 Grand
Registrar's No. 10342

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(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: 4056 So. Grand Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 73 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4056 So. Grand Blvd. 15
(If rural, give location)

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

3. (a) PRINT FULL NAME Peter F. Leilich

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 Widowed

6. (b) Name of husband or wife Louisa

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

7. Birth date of deceased Feb. (Month) 16 (Day) 1867 (Year)

8. AGE: Years 73 Months 9 Days 30 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business -

MOTHER FATHER
12. Name Franz Leilich
13. Birthplace - (City, town, or county) Germany (State or foreign country) 9

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

16. (a) Informant P. F. Leilich
(b) Address 4056 So. Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/40 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois

19. (a) DEC 17 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. ~~15~~ day 15th
year 1940 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec. 15, 1940 to Dec. 15, 1940
that I last saw him alive on December 15, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure congestive and Anginal type.	
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	
Major findings: Of operations —	PHYSICIAN
Of autopsy —	Underline the cause to which death should be charged statistically.

94 a

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

23. Signature Herbert J. Kudi (M. D. or other) M.D.
Address 3632 Gravois Date signed 12/16/40
8th & Loots

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.