No. 2
-13-40
17-39
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

State File No. 579 ~~579~~

REC'D FEB 25 1941

Registration District No. 9911 Primary Registration District No. 1003 Registrar's No.

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: 206 Zepp. St. 1.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 2417
(If outside city or town limits, write "RURAL")

(d) Street No. 206 Zepp. St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years. 0

3. (a) PRINT FULL NAME Julius Leemann

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida Leemann

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

7. Birth date of deceased Jan. (Month) 31 (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
85	11	17	hr. min.

9. Birthplace Zurich (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation Millwright Retired

11. Industry or business

FATHER
12. Name Unknown Leemann.
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 Julius H. Leemann
(b) Address 5233 Vermont Av.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bros. & N. Co.
(b) Address 2929 S. Jefferson Av. 44.

19. (a) JAN 19 1941 (Date received local registrar) (b) F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17 year 1941 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-21-1940, 19..., to 1-17-, 1941, that I last saw him alive on 1-17-, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho pneumonia	8 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic hypertrophic cirrhosis Arteriosclerosis.	

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

23. Signature [illegible] (M. D. or other)
Address 395 S. Grand Av. Date signed

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

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 9979 S. Jefferson

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.