

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

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12776
Registrar's No. 3206

Registration District No. 791

Primary Registration District No. 1003

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

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: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 months
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 822 So. 14th St.
(If rural, give location)
(e) If foreign born, how long in U. S. Attending Physician 1 years.

3. (a) PRINT FULL NAME Cash Edward Leffler
(b) If veteran, name war no
(c) Social Security No. 702-14-1914

20. DATE OF DEATH: Month April day 13th
year 1941 hour 6⁰⁰ minute P. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Berthe M. Leffler
(c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 11th, 1868
(Month) (Day) (Year)

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.

8. AGE: Years 73 Months 1 Days 2 If less than one day
hr. _____ min. _____

Immediate cause of death
Fracture of skull and subdural hemorrhage of the brain when struck by a automobile driven by one Robert Lafield on 4/11/41 about 8:30 PM at the intersection of 14th Pine St.
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Americus Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk Missouri Pacific Railroad
11. Industry or business _____
12. Name Albert Leffler
13. Birthplace Americus Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations 1706
Of autopsy 21
Underline the cause to which death should be charged statistically.

16. (a) Informant J. Dean Leffler
(b) Address Salem, Missouri.
17. (a) Cremation (b) Date thereof 4/14/41.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd
19. (a) App 14 1941 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 2/16/41
(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? _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or other) 3
Address _____ Date signed 4/14/41

*Mr. O'Shea
Mr. P.P.P.
Mr. Low*

THIS BODY WAS NOT EMBALMED:

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.....

P. O. Address.....

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.