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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23911  
Registrar's No. 6253

FILED AUG 28 1941

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

(c) Name of hospital or institution: 1222 Sidney  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 1222 SIDNEY  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 34 years.

3. (a) PRINT FULL NAME KATHERINE LEBER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1941 hour 9 minute 40A M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife CHRIST LEBER

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

7. Birth date of deceased OCT. 24 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 25, 1941, to July 29, 1941; that I last saw her alive on July 25, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation HOUSEWIFE

Other conditions extreme heat  
(Include pregnancy within 3 months of death)

neither heat or sun stroke

Major findings: \_\_\_\_\_

Of operations none

11. Industry or business \_\_\_\_\_

12. Name PAUL SCHULER

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

14. Maiden name UNKNOWN

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Of autopsy none

16. (a) Informant ANDREW LEBER

(b) Address 1222 SIDNEY ST

17. (a) BURIAL (b) Date thereof AUG 1 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

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? \_\_\_\_\_

18. (a) Signature of funeral director Thos. Kutis, Son

(b) Address 2906 Franklin

19. (a) JUL 30 1941 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Wm. A. Nye M.D. (M. D. or other) D

Address 2931 Franklin Ave. Date signed 7/30/41

*Wm. P. Smyth MA  
2931 Harris*

**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.....

*David Milton Taufer*

Registered Apprentice No. *280*

working under my personal supervision.

Signed *Thos. Kuteis*

Licensed Embalmer No. *1619*

P. O. Address *2706 Gavo*

**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.**