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Registrar's No. 7438

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 3660 Wyoming
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 16 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3660 Wyoming 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Leo
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 13
year 1941 hour 5:30 minute 0 A. M.
21. I hereby certify that I attended the deceased from Several years
1925, to Sept 13, 1941
that I last saw him alive on Sept 13th, 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 30 1878
(Month) (Day) (Year)

Immediate cause of death
Cerebral Apoplexy
Duration Acute

8. AGE: Years Months Days If less than one day
63 4 14 hr. min.

Due to Arteri Sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation Chiropractor

11. Industry or business _____

12. Name Sophus Leo

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

14. Maiden name Bertha Wolff

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

16. (a) Informant Emma Leo

(b) Address 3660 Wyoming

17. (a) Burial (b) Date thereof 9-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director H. Schumacher

(b) Address 3013 Meramec St.

19. (a) SEP 15 1941 (b) H. Bredsch
(Date received local registrar) (Registrar's signature)

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Louis N. Bender (M.D. or other) D.C.
Address 3712 Bayless Ave Date signed 9/12/41

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

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.....

Clarence Rochow

Registered Apprentice No.

working under my personal supervision.

Signed

Clarence Rochow

Licensed Embalmer No.

3093

P. O. Address

3013 Meramec

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.