

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33161**
8115
Registrar's No.

FILED NOV 24 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:
ST. ANTHONY HOSP. D
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **URSULA LEPONIS**
(b) If veteran, name war..... **NO**
(c) Social Security No..... **NO**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **ANDREW** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **AUG 26 1889**
(Month) (Day) (Year)

8. AGE: Years **52** Months **1** Days **14** If less than one day hr. min.

9. Birthplace **LITHANIA-8**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unk. WHITE**
13. Birthplace **LITHANIA-8**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Leponis**
(b) Address **2759 Arsenal - St.**

17. (a) **CREMATION** (b) Date thereof **10-13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **VALHALLA CREMATORY**

18. (a) Signature of funeral director **J. S. Smith**
(b) Address **7128 Michigan**

19. (a) **OCT 11 1941** (b) **J. F. Bradock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State **MO** (b) County **9**
(c) City or town **ST. LOUIS.** **24**
(If outside city or town limits, write "RURAL")
(d) Street No. **2759 ARSENAL - ST.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **10**
year **1941** hour **3** minute **10** M.

21. I hereby certify that I attended the deceased from **Sept 20 1941** to **10/10 41**
that I last saw him **or** alive on **10/10** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary embolus** **7 hrs**
Duration
Due to **cell-bladder infection**
Due to **chr. No. Stones present, chr. cholecystitis**
Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **chr. cholecystitis**
Of autopsy **Pulmonary embolus**
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) **0**
Means of injury **cc. D.**
23. Signature **Phil H. Sberer** (M. D. or other)
Address **818 Olive St.** Date signed **10/11/41**

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..... *Joseph P. Fendler*
Licensed Embalmer No. *925*
P. O. Address..... *ST LOUIS.*

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.