

FILED MAR 16 1942

State File No. \_\_\_\_\_

Registration District No. 789

Primary Registration District No. 200

Registrar's No. 533

1. PLACE OF DEATH:

(a) County St Louis County  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St Louis Training School 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 yrs 11 mo 16 da  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Bellefontaine & Hall Roads  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
 year 1942 hour 6 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
July 1, 1941, to March 5, 1942  
 that I last saw ~~her~~ alive on March 5, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage  
Acute head failure  
 Due to Epilepsy  
mental deficiency  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
 Of operations 8/10/1  
 Of autopsy \_\_\_\_\_  
 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 Mary Swaps-Bullby (M. D. or other) \_\_\_\_\_  
 Address St Louis Training School Date signed 3-5-42

3. (a) PRINT FULL NAME ISABELLE LEITENSDOERFER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex F 1. Color or race W  
 6. (a) Single, widowed, married, divorced Single  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 19 1916  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
25 6 18 hr. \_\_\_\_\_ min.

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

10. Usual occupation None

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

12. Name Andrew Elmer Leitensdorfer

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

14. Maiden name William Alberty

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

16. (a) Informant Records of St Louis Training School

(b) Address Bellefontaine & Hall Roads

17. (a) \_\_\_\_\_ (b) Date thereof 3-8-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. OLIVE CEMETERY

18. (a) Signature of funeral director W. J. McLaughlin

(b) Address 7814 S. Park Avenue

19. (a) MAR - 9 1942 (b) W. J. McLaughlin  
 (Date received local registrar) (Registrar's signature)

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

600

**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.....

*Richard L. Hoffmeister*....., Registered Apprentice No. *291*  
working under my personal supervision.

Signed *Edwin H. Leebinger*.....

Licensed Embalmer No. *1019*.....

P. O. Address *646 1/2 Chipman*.....

**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.**