

FILED APR 20 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

8855
3380

Registrar's No.

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:
City Hospital
(If not in hospital or institution, write street number or location) 0
(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
(If outside city or town limits, write "RURAL")
(d) Street No. 3837 Connecticut St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1942 hour 12:30 minute P.M. M.

21. I hereby certify that I attended the deceased from April 2 1942 to April 13 1942
that I last saw him alive on 4/13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis
acute attack
Due to Myocarditis
Due to.....
Other conditions
(include pregnancy within 3 months of death)

Duration

1 da.

6 mo.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

Major findings:
Of operations.....
Of autopsy.....

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?
(Specify type of place)
While at work?..... (Specify type of place)
23. Signature J. P. Lederer (M. D. or other)
Address 2570 S. W. 1st Street Date signed 4/15/42

3. (a) PRINT FULL NAME Joseph Lederer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Lederer 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 6th 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 8 hr. min.

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

10. Usual occupation Shoe repairer

11. Industry or business.....

12. Name Mike Lederer

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

14. Maiden name Rachiel Dohy

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

16. (a) Informant Mrs. Elizabeth Lederer

(b) Address 3837 Connecticut St.

17. (a) Burial (b) Date thereof 4-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 15 1942 (b) J. P. Lederer
(Date received local registrar) (Registrar's signature)

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

25th St 15th St

02 9927

9-10-30

770038

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 Edwin A. McAlmest

Licensed Embalmer No. 3024

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.