

FILED MAY 19 1942 791

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Anthony Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 5 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Helen J. Leeps

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

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

4. Sex female

5. Color or race White

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

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

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

7. Birth date of deceased July 19 1930  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>11</u>	<u>9</u>	<u>19</u>	..... hr. .... min.

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

10. Usual occupation School Girl

11. Industry or business.....

MOTHER FATHER

12. Name Charles Leeps

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

14. Maiden name Pauline Parker

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

16. (a) Informant Charles Leeps

(b) Address 4200 Westminister

17. (a) Removal Removal  
(Burial, cremation, or removal)

(b) Date thereof 5/11/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield Iowa

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

19. (a) MAY 12 1942 (b) G. J. Predeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4200 Washington  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
year 1942 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1937  
..... 19..... to May 8 19.....  
that I last saw her alive on May 7 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Streptococcus Endocarditis  
Cerebral Infarct  
Rheumatic Fever

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Duration  
2 Mo.  
4 days  
5 yrs

Major findings:  
Of operations.....

Of autopsy Strep endocarditis  
Cerebral Infarct

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 B. A. Hester M.D.  
Address 439 Bates Date signed 5/9/42

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

4182  
287A

**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 Wilford H. Burdick  
Licensed Embalmer No. 4202  
P. O. Address St. Louis Mo

**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.**