

FILED JUN 10 1942

Registration District No. 791

Primary Registration District No. 1003

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)  
(d) Length of stay: In hospital or institution 6 Days  
In this community 28 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1952 Cherokee St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Frances Leysaht

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 21 years (Day) (Year) 1861

8. AGE: Years 81 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business.....  
12. Name Charles Wardrop  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Forster  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lennie Forster  
(b) Address 3616 Hartford St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 / 27 / 42  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Max Halden  
(b) Address 3634 Gravois Ave.

19. (a) MAY 27 1942 (Date received local registrar) (b) J. F. Medved (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 th. year 1942 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Right Femur  
when she fell in the yard  
due to her back  
May 29 1942 about 2 PM.

Other conditions (Include pregnancy within 3 months of death)

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

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) Accidental  
(b) Date of occurrence 24 May 19 1942  
(c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? no (Specify type of place) (e) Means of injury Fall  
23. Signature Alfred Perry (M. D. or other)  
Address Republic Date signed 5/27/42

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

MOTHER FATHER

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**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.....

*Robert Wheeler*

Licensed Embalmer No.....

*2178*

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.**