

FILED JUN 22 1942

Registration District No. _____

Primary Registration District No. 3036

Registrar's No. 310

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

92
9
3

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
511 Clay Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 511 Clay St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 17 1942
to _____ 19____
that I last saw her alive on May 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of stomach
with metastases
Duration
2 yrs.

Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death) H6

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) _____
(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 Cliff Saunders (M. D. or other) MD
Address 106 Washington, St. Ch. Date signed 5-18-42

3. (a) PRINT FULL NAME MRS. MARTHA LEPPER

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 Divorced

6. (b) Name of husband or wife Pete Lepper 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 25 1872
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace Golden Eagle Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business _____

12. Name John Qualls

13. Birthplace Not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mueller

15. Birthplace Not known 4
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Woble
(b) Address _____

17. (a) Removal (b) Date thereof May 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Batchtown, Illinois

18. (a) Signature of funeral director Walter Bauer
(b) Address 326 N 6th St - St. Charles, MO

19. (a) May 15, 1942 (b) Clarence G. Glesler
(Date received at local registrar) (Registrar's signature)

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..... *Arthur C. Gault*

Licensed Embalmer No. *3145*

P. O. Address..... *St Charles 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.