

FILED JAN 19 1943 318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 313

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 20 years years, months or days)

3. (a) PRINT FULL NAME Walter Leach

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

3. (c) Social Security No. No

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

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

7. Birth date of deceased Dec 24 1873
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day

69 7 0 17 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Employed by self

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Martin Pfeifer

(b) Address 2706A Ann Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem. St. Louis

18. (a) Signature of funeral director M. Cavallin

(b) Address 2301 Lafayette Ave. St. Louis

19. (a) JAN 12 1943 (Date received local registrar) (b) J. F. Prudek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2706 Ann Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1943 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from January 2, 1943 to January 11, 1943;
that I last saw h. im alive on January 11, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease - large heart infarct

Due to _____

Due to _____

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

Duration

PHYSICIAN

Major findings: Of operations _____

Of autopsy AS ABOVE

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 Drew M. Ottenberg (M. D. or other) _____
Address 1515 Lafayette Avenue Date 1/12/43

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

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. *not embalmed*

Signed *L. R. Coyle*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.