

S. No. 2
OM-542
REV. 5-1-38
1-1-42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 4 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 908

1. PLACE OF DEATH:

(a) County _____

(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 23 Days
(Specify whether years, months or days)

In this community Life
(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. 4026 Delmar Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Leone Losee

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Female / 5. Color or race White

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

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

7. Birth date of deceased December 8, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>1</u>	<u>13</u>	____ hr. ____ min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER

12. Name Frederick Freiburger

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 Ann Morrison
(b) Address St. Louis City Hospital.

17. (a) Anatomical Dissection (b) Date thereof 1 yr 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutledge St.

19. (a) JAN 29 1943 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21, year 1943 hour 8:23 minute A. M.

21. I hereby certify that I attended the deceased from December 30, 1942 to January 21, 1943

that I last saw her alive on January 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gall Bladder

Due to _____

Due to _____

Other conditions 11/10/42
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy anatomical Record

Duration _____

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 Louis G. Neudorff, M.D.

23. Signature Louis G. Neudorff, M.D. (M. D. or other)
Address 1515 Lafayette Avenue Date signed 1/23/43

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

#10

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 _____

Licensed Embalmer No. _____

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.