

U.S. No. 2
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8508

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 3025

FILED APR 9 1943 318

Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 1 Day In hospital or institution. (Specify whether years, months or days)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1515A So. 7th Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Virginia Leffert

3. (b) If veteran, name war..... no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 28
year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-27-43
1943 to 3-28 1943
that I last saw her alive on 3-28 1943
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive years
March 27 - 1943
(Month) (Day) (Year)

Immediate cause of death Respiratory + Cardiac Failure

Due to..... 158

Due to.....

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

8. AGE: Years Months Days If less than one day

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

10. Usual occupation.....

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Charles Leffert

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Jane Keefe

15. Birthplace Jefferson Co. Mo
(City, town, or county) (State or foreign country)

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 J. P. Rubel M.D. (M. D. or other)
Address St. Louis City Hospital Date signed 3-28-43

16. (a) Informant all hands of Leffert

(b) Address 1515 So. 7th St. St. Louis Mo

17. (a) Burial (b) Date thereof 3-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery St. Louis

18. (a) Signature of funeral director J. P. Rubel

(b) Address St. Louis Mo

19. (a) 30 (b) J. P. Rubel
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

3025
3025
3025

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 *J Lee Motherhead*
Licensed Embalmer No. *3531*
P. O. Address. *DeSoto, 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.