

FILED MAR 25 1943 818

Primary Registration District No. 1003

2542

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

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:
Enroute Mo. Baptist Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Barbara Anna Leutung

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased November 22 1942
(Month) (Day) (Year)

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

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....
11. Industry or business.....

MOTHER FATHER

12. Name Merrill Leutung
13. Birthplace Forest Green Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Ruby Geisling
15. Birthplace Salisbury Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Merrill Leutung
(b) Address 5084a Enright Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/43
(Month) (Day) (Year)
(c) Place: burial or cremation Salisbury, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) MAR 16 1943 (Date received local residence) J. F. Brodeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5084a Enright
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1943 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from March 9 1943 to March 13 1943
that I last saw her alive on March 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute influenza Duration 4 days

Due to.....

Due to acute gastroenteritis 4 days

Other conditions acute bronchitis 4 days
(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).....
(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 H. C. Lindlar (M. D. or other) M.D.
Address 3718 Jennings Rd Date signed 3-15-43

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

Albert G. Kopp

Licensed Embalmer No.....

2971

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.