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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15448

FILED MAY 6 1943

Registration District No. 917

Primary Registration District No. 6076

Registrar's No. 933

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Riverview Gardens
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9833 Jeffry Dr. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 0

(c) City or town Riverview Gardens 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9833 Jeffry Dr.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Frederick A. Leffler

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emily F. Leffler neeThon

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

7. Birth date of deceased September 4, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	7	12	hr. min.

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

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name George Leffler
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Bertha Ulrich
15. Birthplace Unknown (City, town, or county) Ills / (State or foreign country)

16. (a) Informant Edwin F. Leffler
(b) Address 9833 Jeffry Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Hill Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR 20 1943 (Date received local registrar) (b) C. G. McKerron, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1943 hour 6:55 PM minute M.

21. I hereby certify that I attended the deceased from Dec 1, 1942 to April 16, 1943 that I last saw him alive on April 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Asthma	6 mo
Due to myocarditis Chronic	3
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. H. F. Miller M.D. M.D.

Address 8404 Broadway Date signed St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.