

FILED JUN 4 1949 318

1003

Registration District No. ....

Primary Registration District No. ....

Registrar's No. AGG 7

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford  
(c) City or town Steelville (rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME DEMUS A. LEFFLER

3. (b) If veteran, name war ..... 3. (c) Social Security No. 7030-13954

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Margaret Leffler 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased June 1, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days 14 If less than one day  
59 11 28 hr. .... min.

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

10. Usual occupation engineer

11. Industry or business railroad shop

MOTHER FATHER  
12. Name unknown  
13. Birthplace 9  
(City, town, or county) (State or foreign country)  
14. Maiden name 9  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Leffler

(b) Address Steelville, Mo.

17. (a) burial (b) Date thereof 5/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Steelville Cemetery

(c) Place: burial or cremation Steelville, Mo.

18. (a) Signature of funeral director J. J. Jones

(b) Address Steelville, Mo.

19. (a) MAY 19 1949 (Date received local registrar)  
J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15 year 43 hour 4:25 minute P. M.

21. I hereby certify that I attended the deceased from 2-1-43 to 5-15-43, 19...; that I last saw him alive on 5-15-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 3 hrs.

Due to Coronary Artery Disease 1 yr.

Due to .....

Other conditions (Include pregnancy within 3 months of death) 9/4

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 W. A. Burke (M. D. or other) 5/15/43  
Address Pro. Preys (Coop.) Date signed .....

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

OCT 27 1944

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**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..... *Thomas R. Fenwick* .....

Licensed Embalmer No. *3793* .....

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.**