

S. No. 2
M-9-4-41
5-17-41
X-17-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16321

State File No. 4606
Registrar's No.

FILED JUN 4 1943 318

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
En Route to City Hospital #1 3
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(d) Street No. 4404 Cleveland Ave
(e) Citizen of foreign country? No Attending Physician (Yes or No)

3. (a) PRINT FULL NAME Mona Leman

3. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Female 5. Color or race White 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 February 8 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 9 ..hr. ..min.

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

10. Usual occupation Housekeeper

11. Industry or business.....

MOTHER FATHER { 12. Name Carl Leman

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Othelia Beck (State or foreign country)

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Maria Leman

(b) Address 3619 Shenandoah Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter and Paul Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) MAY 18 1943 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day May
year 1943 hour 9:55 minute P. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary Occlusion

Due to Arteriosclerosis

Due to 9/10

Other conditions..... (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

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) (c) Means of injury.....

23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 5-18-43

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

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 J. Owen

Licensed Embalmer No.....

2285

P. O. Address.....

At Home

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.