

No. 2
-43
-39
K35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19729

State File No. _____

FILED JUL 3 1943 18

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **5856**

1. PLACE OF DEATH:

● 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:
Jewish 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 52 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4012 a Oleatha
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leo C. Jeep

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

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

6. (b) Name of husband or wife Frances L. Jeep 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 3 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 8 22 hr. _____ min.

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

10. Usual occupation Postal clerk

11. Industry or business Post Office

12. Name Charles Jeep

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

14. Maiden name Julie Guilloy

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

16. (a) Informant Frances L. Jeep

(b) Address 4012 Oleatha

17. (a) burial (b) Date thereof 6-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd.

19. (a) JUN 27 1943 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1943 hour 6 minute _____ p. M.

21. I hereby certify that I attended the deceased from May 25
1943 to June 24 19 43
that I last saw him alive on June 24, 1943 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Tracheal collapse Duration Immed.

Due to Post-operative thyroidectomy 1 day

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Tracheal collapse

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)
(b) Means of injury _____
23. Signature Walter F. Holtska (M. D. or other)
Address 462 N. Taylor Ave Date signed 6/26/43

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

MOTHER FATHER

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.....

Virgil L. Berryman

.....
Licensed Embalmer No.....

3018

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.