

FILED JUN 19 1943 318

1003

Registration District No. Primary Registration District No. Registrar's No.

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:
1901 N. 13th. St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
(Specify whether
 In this community 50 Years.
years, months or days)

3. (a) PRINT FULL NAME Fred Leeseemann.
 3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Late Mathilda Leeseemann 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased January 24 1857.
(Month) (Day) (Year)

8. AGE: Years Months Days 11 If less than one day
86 4 20 hr. min.

9. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Baker.

MOTHER FATHER

11. Industry or business
 12. Name Unknown.
 13. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown.
 15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Leeseemann.
 (b) Address 1901 N. 13th. St.

17. (a) Burial (b) Date thereof 6-8-43.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Hv. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUN 8 1943 (b) J. J. - [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County
 (c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1901 N. 13th. St.
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
 year 1943. hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
Senility.

Due to Duration

Due to 97

Other conditions (Include pregnancy within 3 months of death)
 PHYSICIAN

Major findings: Of operations
 Underline the cause to which death should be charged statistically.

Of autopsy
 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 L
 (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

Signature James J. [Signature] (M.D. or other) before
 Address 1300 [Signature] Ave Date signed 6/8/43

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

845

Colonel

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 John P. Buchholz
Licensed Embalmer No. 1674
P. O. Address 2202 S. Green St.

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.