S. No. 2
0M—2-43
5-17-39
1 X35647

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30142

Primary Registration District No. 1003

Registrar's No. 8237

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days 0
(Specify whether years, months or days)
In this community

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. 4128 Blaine Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

000 817 9

3. (a) PRINT FULL NAME Frances Leiweke

3. (b) If veteran, name war ******

3. (c) Social Security No. ******

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Julian Leiweke

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased October 25 1907
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
35	10	19	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Corcoran

13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

14. Maiden name Annis Sweeney

15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Julian Leiweke

(b) Address 4128 Blaine Ave

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

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) SEP 16 1943 (Date received local registrar) (b) J. Medesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day September year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Wednesday 9-1-43, 19..., to 9-13-43, 19...; that I last saw her alive on Monday 9-13-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute cardiac failure	1 day
Acute pulmonary edema	4 days
Due to Mitral Regurgitation	years
Mitral Stenosis	"
Due to chronic nephritis	"

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature George J. Mehaffy M.D. (M. D. or other)

Address 3903 Olive Street Date signed 9-15-43

(Licensed Embalmer's Statement on Reverse Side)

Dr Meehan
3903 Olive St
Je-5600
Bn-2605

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 Frank E Owens

Licensed Embalmer No. 2245

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.