

FILED DEC 22 1943  
Registration District No. **318**

Primary Registration District No. **1003**

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

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 and location)  
(d) Length of stay: In hospital or institution **21 Days**  
(Specify whether In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **Maplewood**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2835 Bartold Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John C Siffle Leeper**

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife **Ruth Leeper** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 31 1868**  
(Month) (Day) (Year)

8. AGE: Years **75 yrs 4** Months **4** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Richview Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **rail road conductor**

11. Industry or business \_\_\_\_\_

12. Name **John Leeper**

13. Birthplace **unknown** (State or foreign country)

14. Maiden name **unknown** (State or foreign country)

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

16. (a) Informant **Glen Waller**

(b) Address **4540 Morganford**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **Dec 11 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

**Jay B. Smith**

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address **7456 Manchester Ave**

19. (a) **DEC 10 1943** (b) **J. J. Bredeck** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** Day **8th** year **1943** hour **10:10** minute **A.M.**

21. I hereby certify that I attended the deceased from **11/22/43** to **12/8/43** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac attack**

Due to **Hypertrophy of prostate**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **101**

Major findings: **Hypertrophy Prostate** Of operations \_\_\_\_\_ Of autopsy **none**

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) (e) Means of injury \_\_\_\_\_

23. Signature **J. J. Bredeck** (M. D. or other) **Mo. Pacific Hospital**

Address \_\_\_\_\_ Date signed **12/14/43**

**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..... *Dave Gibson* .....

..... Licensed Embalmer No..... *3454* .....

..... P. O. Address.....

**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.**