

FILED DEC 29 1943
348

Registration District No.

Primary Registration District No.

Registrar's No. 11141

1. PLACE OF DEATH:

(a) County St. Louis, Mo.,
(b) City or town St. Louis, Mo.,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6714 Marquette Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME MARY LEICHT.

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 Widowed

6. (b) Name of husband or wife Leopold P. Leicht 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov. 16. 1861.
(Month) (Day) (Year)

8. AGE: Years 82 Months -- Days 27 If less than one day
..... hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name John Hilgert

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

14. Maiden name Mary Pillen (City, town, or county) (State or foreign country)

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

16. (a) Informant Anna M. Grunz
(b) Address 6714 Marquette Ave.

17. (a) Burial (b) Date thereof 12/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Hellen - Ben Kortz
(b) Address 2842 Meramec Street

19. (a) DEC 15 1943 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 6714 Marquette Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1943 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan
26th 1940 to Dec 13th 1943
that I last saw her alive on Dec 13th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage 1 day
arterio sclerosis 13 yrs.
the myocarditis 3 yrs.

Due to.....
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 A. H. Stein M. D. or other
Address 3606 Grand Date signed 12/14/43

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

11-12-43
7-8
11-12-43
7-8

844

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.....

YEMORRIS
.....
Licensed Embalmer No. 3360

P. O. Address..... St. Louis Co., 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.