

37
No. 2
4-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **599**

FILED FEB 27 1944 318

Registration District No. Primary Registration District No. **1003** Registrar's No. **339**

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital**
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **9 days**
(Specify whether
In this community.....
years, months or days)

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..... **112 S 4th Street**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Mike Leicht**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **4 1 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **9** If less than one day hr. min.

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

10. Usual occupation..... **Laborer**

11. Industry or business.....

MOTHER FATHER
12. Name..... **Martin Leicht**
13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Ma**
15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Fred Luepke**
(b) Address..... **112 So. 4th St.**

17. (a) **Burial** (b) Date thereof..... **1-12-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Memorial Park Cem.**

18. (a) Signature of funeral director..... **Cullinane Bros**
(b) Address..... **JAN 19 1944 1710 W Grand**

19. (a) (Date received local registrar)..... (Registrar's signature)..... **J. J. Bredel**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **10** year **1944** hour **9:00** minute **P** M.
21. I hereby certify that I attended the deceased from **January 2**, 19**44**, to **January 10**, 19**44**, that I last saw him alive on **January 10**, 19**44**, and that death occurred on the date and hour stated above.

Immediate cause of death..... **Lobar pneumonia**
Due to..... **108**
Due to.....
Other conditions..... **general arteriosclerosis**
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy..... **Not done**

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.....
3. Signature..... **Frank J. ...** (M. D. or other) **4 2**
Address..... **1515 Lafayette Avenue** Date signed **1/31/44**

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

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.

Not Embalmed

Signed *Fred Frick*

Licensed Embalmer No. *3186*

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.