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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4364

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 208

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis
(c) City or town Wellston (If outside city or town limits, write "RURAL")
(d) Street No. 6226 Ridge (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME William Leopold

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

3. (c) Social Security No. 490-03-1772

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Leona Leopold

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 30, 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	6	23	hr. min.

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

10. Usual occupation Brewer Naturalized 10-7-1910

11. Industry or business --

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Leona Leopold
(b) Address 6226 Ridge Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave

19. (a) JAN 26 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-23-44 day year hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 1-23-44, 19 to 1-23-44, 19 ; that I last saw him alive on 1-23-44, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 109.1
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

23. Signature Frank H. Birmer (M. D. ~~or other~~)
Address St. Louis County Hospital Date signed 1-25-44

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1944

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 Jas. W. Clark

Licensed Embalmer No. 1661.

P. O. Address 1125 Hadiamo

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.