

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 24 1944

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 103

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1221 W. Washington!  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")

(d) Street No. 1221 W. Washington  
(If rural, give location)

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

3. (a) PRINT FULL NAME Christina B. Leykama

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12  
year 1944 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1/8, 1944, to 1/12, 1944, that I last saw her alive on 1/12, 1944, and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widow

6. (b) Name of husband or wife John Leykama

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

7. Birth date of deceased: July 24-1868  
(Month) (Day) (Year)

Immediate cause of death: Hypertension heart disease

Due to Hypertension

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 75 Months 5 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name Joseph Markhart

13. Birthplace Switzerland 5  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Sueki

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

16. (a) Informant Winnie Brimmer

(b) Address 1221 W. Washington

17. (a) Burial (b) Date thereof 1-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem

18. (a) Signature of funeral director Louis H. Bopp Inc

(b) Address Kirkwood, MO

19. (a) JAN 15 1944 (b) E. J. McHarran, M.D.  
(Date received of local registrar) (Registrar's signature)

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. D. Stouffle (M. D. or other M.D.)  
Address 104 Dr. Adams Date signed 1/13/44

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

96  
4  
3

**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.....  
*V. M. Seymour*

Licensed Embalmer No. *4343*

P. O. Address.....  
*7415 3rd St. P.O. [unclear] [unclear]*

**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.