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rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26391

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7392

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community All his life

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. 2600a North 21st St
(If rural, give location)

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

3. (a) PRINT FULL NAME Ralph Leistritz

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-18-7326

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1944 11 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 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 March 29 1922
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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

10. Usual occupation Telephone Operator

11. Industry or business St Louis Police Dept

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Herman O Leistritz

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

14. Maiden name Amelia Vedder

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

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? _____

16. (a) Informant Mrs. Herman Leistritz

(b) Address 2600 N. 21st St.

17. (a) Burial (b) Date thereof AUG 28 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Thomas F. Calver (M. D. or other) _____
Address Deputy Coroner Date signed 9-26-44

18. (a) Signature of funeral director Beiderwieden Fun'l Home

(b) Address 1936 St. Louis Ave

19. (a) AUG 26 1944 J. F. Bredek
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

1324

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.....

[Handwritten Signature]
.....
Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Cr

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.