

FILED SEP 8 1944 18

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 2076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(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 Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 18 Lamar Dr.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J.E. VonLeffern

3. (b) If veteran. name war None 3. (c) Social Security No. 492-09-0031

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret VonLeffern nee Knox 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased March 24, 1902
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation Tool Inspector

11. Industry or business _____

12. Name William VonLeffern

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

14. Maiden name Sarah Peek

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

16. (a) Informant Mrs. Margaret VonLeffern

(b) Address 18 Lamar Dr. Jennings, Mo.

17. (a) Burial (b) Date thereof 8/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 29 1944 J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th
year 1944 hour 12:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from 8/26/44 to 8/26/44
that I last saw him alive on 8/26/44
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac decompensation

Due to Total anemia

Due to Renal pathology

Other conditions angina pectoris
(Include pregnancy within 3 months of death)

Major findings: Total suppression of urine - renal congestion
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 to be (e) Means of injury)

23. Signature W. A. ... (M. D. or other) _____
Address 812 Club St. Date signed 8/29/44

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

MOTHER FATHER

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 Melford G Burnley

Licensed Embalmer No. 4202

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.