

FILED FEB 7 1945

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
2853 Mt. Pleasant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **77-1-3**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2853 Mt. Pleasant**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **Ida Leuzinger**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **Jacob** 6. (c) Age of husband or wife if alive **25th** years
7. Birth date of deceased **December 25th, 1868**
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **3** If less than one day hr. min.

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

10. Usual occupation **House Work**

11. Industry or business

MOTHER FATHER { 12. Name **Henry Reuter** 4
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Philippine Ufer**
15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer Leuzinger**
(b) Address **5244 Neosho**

17. (a) **Burial** (b) Date there **Jan. 31 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Pauls Church Yard**

18. (a) Signature of funeral director **J. F. Brueck**
(b) Address **3013 Meramec**

19. (a) **JAN 30 1945** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **28th**
year **1945** hour **3** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Jan 27** to **Jan 27** 1945,
that I last saw her alive on **Jan 27** 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Haemorrhage** Duration **years**
arteriosclerosis

Due to **Intestinal resection, Pyrosis**

Due to **no**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **131**
Of operations
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:

(c) 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 **D. Royal Tibbe**
Address **7100 North St. Louis** Date signed **1-29-45**

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..... *Francis Williamson*

Licensed Embalmer No. *3565*

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.