. S. No. 2
M—1-4-41
ev. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7159

Registration District No. 847 Primary Registration District No. 1002 Registrar's No. 547

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence-7744 Gannon Avenue
(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 96
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7744 Gannon Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA LEYHE

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

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Capt. W. H. Leyhe
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 8 (Day) 1883 (Year)

8. AGE: Years 61 Months 7 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business

FATHER
12. Name Henry Ponti
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Wehnueller
15. Birthplace Friedheim (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W. H. Leyhe
(b) Address 7744 Gannon Ave., U. City
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Illinois.
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis
19. (a) 2-27-45 (Date received local registrar) (b) Dr. [illegible] McGowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd year 1945 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from 2/1-45, 19__, to 2/23-45, 19__; that I last saw h. alive on 2/23-45, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocardial Failure	
Due to: Chr. myocarditis	
Due to: Mitral Regurgitation	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92b

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 R K Andrews (M. D. or other) 2/23
Address 4932 Mary Lane Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. K. Andrews,
4932 Maryland Avenue,
RO-4620

1:30 to 4:30

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.