

FILED AUG 11 1945
Registration District No. 318

Primary Registration District No. L 1003

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

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:
2517 Bremen Avenue
(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 Since birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2517 Bremen Avenue
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SADIE C. LEESER

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 Widow 2

6. (b) Name of husband or wife Henry W. Leeser

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

7. Birth date of deceased July 13, 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6
year 1945 hour 6 minute 45 PM

21. I hereby certify that I attended the deceased from Aug 1
1945 to Aug 6, 1945
that I last saw him alive on Aug 5, 1945
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>84</u>	<u>0</u>	<u>24</u>	hr. _____ min. _____

Duration _____

Ch. meningitis

Due to Septic

Due to _____

Other conditions (include pregnancy within 3 months of death) 93

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

10. Usual occupation At Home

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name William Jewell

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Mary Allison

15. Birthplace Virginia
(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? _____

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

23. Signature A. H. Sewing (M. D. or other) _____
Address 2342 Atchafalaya Date signed 8/7/45

16. (a) Informant Jewell W. Leeser

(b) Address 2517 Bremen Avenue

17. (a) Burial (b) Date thereof 3/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belefontaine Cemetery

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

(b) Address 2161 East Fair Avenue

19. (a) AUG 8 1945 (b) J. Z. Budick
(Date received local registrar) (Registrar's signature)

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 William J. Buehler
Licensed Embalmer No. 9110
P. O. Address St. Louis

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.