V. S. No. 2
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Form I X36671

#33405

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29178

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8070

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 1404 S. COMPTON AV. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM LERO

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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 DECEMBER (Month) 16 (Day) 1888 (Year)

8. AGE: Years 56 Months 8 Days 30 If less than one day hr. min.

9. Birthplace PACIFIC (City, town, or county) MO. (State or foreign country)

10. Usual occupation BUILDER

11. Industry or business

MOTHER FATHER

12. Name WILLIAM LERO

13. Birthplace PACIFIC (City, town, or county) MO. (State or foreign country)

14. Maiden name ELIZABETH STUHFELDER

15. Birthplace PACIFIC (City, town, or county) MO. (State or foreign country)

16. (a) Informant Mrs Elizabeth Lero

(b) Address 1404 S. Compton Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 17-45 (Month) (Day) (Year)

(c) Place: burial or cremation PACIFIC MISSOURI

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av.

19. (a) SEP 16 1945 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th year 1945 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from 8/31/45, 19, to 9/15/45, 19; that I last saw him alive on 9/15/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute hemorrhagic Pancreatitis

Due to Recent gastrarectomy & partial pancreatectomy

Due to Ca. of Stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

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 type of place) (e) Means of injury

23. Signature F. H. Dorn (M. D. or other)

Address 1515 Lafayette Date signed 9/15/45

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

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.