. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32103

FILED OCT 25 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8617

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3921 Flora Blvd /
(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 Mo (b) County 0-2

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3921 Flora Blvd 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Bertha A Leussler

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female

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 JUNE (Month) 13 (Day) 1869 (Year)

8. AGE: Years 76 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME

FATHER
12. Name August Leussler
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Bertha Lang
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Arthur E Leussler
(b) Address 3921 Flora Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Beffefontaine Cem

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) OCT 5 1945 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1945 hour 3 minute 4 M.

21. I hereby certify that I attended the deceased from Oct. 3d, 1945, to Oct 4, 1945; that I last saw her alive on Oct. 4, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	2 days
Due to Hypertension	about 5 yrs.
Due to Heart disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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:
(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 [signature] (M. D. or other) [signature]
Address 3.6 d 6 Osborn Date signed 10/5/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Weinsberg

DEC 13 1945

MAR 14 1946

B 7422

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 Richard W Storsand

Licensed Embalmer No. 4007

P. O. Address.....

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.