

FILED JAN 12 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Manchester Nursing Home 4  
(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 Warren 109  
 (c) City or town Wright City  
(If outside city or town limits, write "RURAL")  
 (d) Street No.....  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Leiper  
 3. (b) If veteran, name war. No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 31  
 year 1945 hour 10 minute 40 P M.  
 21. I hereby certify that I attended the deceased from Sept 14  
 1945, to Dec 31 1945;  
 that I last saw her alive on Dec 31 1945;  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow ✓  
 6. (b) Name of husband or wife Z. T. Leiper 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased March 16 1849  
(Month) (Day) (Year)

Immediate cause of death Senility + Chronic myocarditis  
 Due to Generalized arteriosclerosis  
 Due to 930  
 Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	96	9	14	..... hr. .... min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

11. Industry or business.....  
 12. Name Thomas Luckett  
 13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Edwards  
 15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Emmett Leiper  
 (b) Address St. Charles, Mo.  
 17. (a) Burial (b) Date thereof 1-2-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wright City, Mo.  
 18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.  
 19. (a) 1-4-46 (b) Les M. Duran M.D.  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....  
 23. Signature A. J. Morfin M.D. (M. D. or other).....  
 Address 3507 Patton Date signed 1-2-46

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

96  
00

1 X36671

---

---

**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.....

*W. Wilkins*

Licensed Embalmer No..... *3575*.....

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.**