

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X3867

State File No. _____

FILED MAR 13 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1984**

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:
Lutheran Altenheim **0**
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME CAROLINE LEISTRITZ

3. (b) If veteran, name war _____ **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 May 9 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Herman C. Leistritz

13. Birthplace _____ Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Asheimer

15. Birthplace _____ Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Leistritz

(b) Address 2600a N. 21st St.

17. (a) Burial (Burial, cremation, or removal) St. Matthews Cemetery

(b) Date thereof Feb 28, 1946
(Month) (Day) (Year)

18. (a) Signature of funeral director Reiderwieden F.H. Inc.

(b) Address 1936 St. Louis Ave.

19. (a) FEB 28 1946 (Date received local registrar)

J. Z. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____ **000**

(c) City or town St. Louis **817**
(If outside city or town limits, write "RURAL")

(d) Street No. 8721 Hall Ferry Rd.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th
year 1946 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 10
1945 to Feb 25 **1946:**
that I last saw her alive on Feb 25 **1946:**
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis **1yr?**

Due to _____ **93%**

Due to _____

Other conditions Hypertension **5yr?**
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Eugene J. Arnold (M. D. or other) **M.D.**
Address 1449 Mc Laran Date signed 2/26/46

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

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave.

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.