

FILED MAR 18 1946

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 5891 Washington Ave.
 (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

3. (a) PRINT FULL NAME Joseph Leipman
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lillian Leipman 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Nov. 27 1872
 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 4
 If less than one day _____ hr. _____ min.

9. Birthplace Buffalo N.Y.
 (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Continental Grain Co.

12. Name Samuel Leipman

13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

14. Maiden name Adele John

15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph Leipman

(b) Address 5891 Washington Ave.

17. (a) Burial (b) Date thereof 3-3-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindke

(b) Address 5216 Delmar Blvd.
 19. (a) MAR 3 1946 (b) J. F. Burecek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 Missouri
 (a) State (b) County
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5891 Washington Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
 year 1946 hour 5 minute 30 a.M.

21. I hereby certify that I attended the deceased from Jan 2 1946 to 3/2 1946
 that I last saw him alive on 3/2 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema 1 day
 Due to Coronary Thrombosis 1 day
 Due to aort. sclerotic heart 1 1/2 yrs
 Disease

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: _____
 Of operations: _____
 Of autopsy: _____

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 Arthur E. Stahl M. D. or other _____
 Address 539 N. Grand Date signed 3/2/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD 10272

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.....

H. P. Burgess

Licensed Embalmer No.....

4029

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.