

FILED JUL 26 1946 STANDARD CERTIFICATE OF DEATH

State File No.

6288

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Infirmery  
(d) Length of stay: In hospital or institution 5 Mo. 29 Days  
In this community 5 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 5800 Arsenal St.  
(e) Citizen of foreign country? (Yes or No) 9  
If yes, name country

3. (a) PRINT FULL NAME LOUIS LEESER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Mamie Leeser nee Hyams 6. (c) Age of husband or wife if alive 23 years  
7. Birth date of deceased June 23 1869

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14, year 1946 hour 4.30 A.M. minute  M.

21. I hereby certify that I attended the deceased from July 2nd 1946 to July 14, 1946 1946; that I last saw him alive on 7-13-46 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular accident Duration 12 hrs.  
Due to Generalized arteriosclerosis 1943 pl

8. AGE: Years 77 Months 0 Days 21 If less than one day hr. min.

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

10. Usual occupation Watchman

11. Industry or business

12. Name Ernest Leeser  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Lisetta Germany (City, town, or county) (State or foreign country)

16. (a) Informant Unknown

(b) Address City Infirmery Records

17. (a) 5800 Arsenal St. Date thereof 6/17/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 16 1946 (b) J. M. Bueck (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 8 2 2  
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? (c) Means of injury 0

23. Signature Palmer Prudence Bowden (M. D. or other) Address 5800 Arsenal Date signed 7.15.46

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

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.**