

S. No. 2
M-543
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 31 1946 STANDARD CERTIFICATE OF DEATH 1903

State File No. 25466
6548
Registrar's No.

Registration District No. Primary Registration District No.

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:
3420 N 22 St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community About 62 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2017
(d) Street No. 3420 N 22 St.
(If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME George Leipp
3. (b) If veteran, name war no
3. (c) Social Security No. 488-05-1086a

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 24
year 1946 hour 11 minute 50 a.m.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Leipp
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 1 6 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-15-46 to JULY 24 1946
that I last saw h. IN alive on JULY 23 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 6 18 hr. min.

Immediate cause of death CARCINOMA OF THE ESOPHAGUS
Duration 7 MO?

9. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: CONFIRMED ABOVE
Of operations:
Of autopsy:

10. Usual occupation Glazer

11. Industry or business

MOTHER FATHER { 12. Name Martini Leipp
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lillian Leipp
(b) Address 3420 N 22 St.

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?

17. (a) Burial (b) Date thereof 7-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave.

19. (a) JUL 28 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
23. Signature James L. Mudd (M. D. or other)
Address 1634 N Grand Date signed 7-25-46

(Licensed Embalmer's Statement on Reverse Side)

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 Marie A. Cashion

Licensed Embalmer No. 3949

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.