U. S. No. 2
(100M—5-43
Rev. 5-17-39
No. 1 Form 5667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28830

FILED SEP 9 1946

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 7444

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4½ months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 6067 Schulte Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elsie E. Leeser

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William C. Leeser

6. (c) Age of husband or wife if alive ------- years

7. Birth date of deceased September 9, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	11	17	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER 12. Name Charles Gollenberg

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

MOTHER 14. Maiden name Christina Brockmeier

MOTHER 15. Birthplace Unknown (City, town, or county) Holland (State or foreign country)

16. (a) Informant Mrs Ernest Rimell

(b) Address 6067 Schulte Ave

17. (a) Burial (b) Date thereof 8/29/46 (Month) (Day) (Year)

(b) Place: burial or cremation Jefferson Barracks, Mo. National Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) AUG 28 1946 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26th year 1946 hour 4:40 P.M. minute M.

21. I hereby certify that I attended the deceased from May 1946 to August 26 1946 that I last saw her alive on August 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the bladder Urinary

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration ?

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? (e) Means of injury

23. Signature (M. D. or other) MD

Address 8807 N. Broad Date signed 8-27-46

(Licensed Embalmer's Statement on Reverse Side)

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

27968

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 Raymond F. Hoffman

Licensed Embalmer No.....

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.