

FILED MAR 24 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2479**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. Baptist Hospital
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5317 Nottingham Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME LUTHER L. LEISHER

3. (b) If veteran, name war. None 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 Sadie A. 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct. 27 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 10 hr. min.

9. Birthplace Fayetteville Pa.
 (City, town, or county) (State or foreign country)

10. Usual occupation Supervisor

11. Industry or business Bell Telephone Bldg.

12. Name George Leisher

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

14. Maiden name Catherine Rice

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

16. (a) Informant Sadie A. Leisher

(b) Address 5317 Nottingham Ave.

17. (a) Burial (b) Date thereof. 3 10 47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshausner Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 10 1947 (b) J. F. Bruesch
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
 year 1947 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from March 8
1947 to March 7 1947;
 that I last saw him alive on March 7 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days

Due to Carcinoma of Rectum 3 years

Due to H/O
 Other conditions H/O
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma of rectum
 Of operations metastasis to liver
 Of autopsy metastasis to liver

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 Joseph E. Glenn (M. D. ✓)
 Address 1958 Orinda Bldg. Date signed 3/10/47

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

MOTHER FATHER

FEB 6 1951

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 Richard W. Stavesand

Licensed Embalmer No. 4007

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.