

No. 2
1/47
5-17-39

FILED JUN 5 1947
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5277**

1. PLACE OF DEATH:

(a) County MISSOURI

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2622 1/2 INDIANA
(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 MISSOURI (b) County 097

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 7

(d) Street No. 2622 1/2 INDIANA (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME LEONA GLEIFORST

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased SEPT. 19 1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26
year 1947 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 1st 1946 to May 26th 1947
that I last saw her alive on May 25th 1947
and that death occurred on the date and hour stated above.

Duration 14 Weeks

Immediate cause of death Carcinoma of Breast with Metastases

Due to _____

Due to _____

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

Major findings: Carcinoma of Breast

Of autopsy _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

8. AGE: Years 47 Months 8 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name CONRAD HARTWIG

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

14. Maiden name LENA ZILCH

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

16. (a) Informant RAYMOND GLEIFORST

(b) Address 2622 1/2 INDIANA

17. (a) BURIAL (b) Date thereof MAY 28, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OUR REDEEMER

18. (a) Signature of funeral director Thomas Kutivson

(b) Address 2906 GRAVVIS

19. (a) MAY 27 1947 (b) J. F. Bredeck
(Date of local burial) (Registrar's signature)

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 0

23. Signature William Baron (M. D. or other) M.D.

Address 3601 S. Jefferson Date signed 5/27/47

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

MOTHER FATHER

36012 J. Jefferson
La 4306
2 to 3 daily

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 Samuel Hill
Licensed Embalmer No. 4347
P. O. Address 2906 Davis

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.

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 Leona Gleijert
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Sept 19 1886
(Month) (Day) (Year)

8. AGE: Years 47 Months _____ Days _____ (Unless than one day) hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May 19 19 year 19 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

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

Address _____ Date signed _____

S-18861

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