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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19074
Registrar's No. 534

Registration District No. 318 Primary Registration District No. 1003

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: 1516 1/2 Warren St. 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 13
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 26 1516 1/2 Warren St. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret L. 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 Married
6. (b) Name of husband or wife Charles H. Leeser 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May 6, 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1st. year 1947 hour 11:55 P.M. Minute M.
21. I hereby certify that I attended the deceased from July 10, 1947 to June 1st, 1947 that I last saw him alive on May 26, 1947 and that death occurred on the date and hour stated above.
Duration
Immediate cause of death Acute Coronary Occlusion

8. AGE: Years Months Days If less than one day
65 0 26 hr. min.

Due to Arteriosclerosis
Due to Cirrhosis of Liver

9. Birthplace Warrenton Mo. (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation At home

Major findings: Of operations 124

11. Industry or business

12. Name John Hilbert

13. Birthplace Unknown Mo. (State or foreign country)

14. Maiden name Mary Sullivan (State or foreign country)

15. Birthplace Unknown Mo. (State or foreign country)

16. (a) Informant Charles H. Leeser

(b) Address 1516 1/2 Warren St.

17. (a) Burial (b) Date thereof 6/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc
(b) Address 2161 East Fair Ave

19. (a) JUN 4 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

Of autopsy

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 [Signature] (M. D. or other)
Address 6127 Page Blvd Date signed 6/2/47

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

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

MOTHER FATHER

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

Walter G. Burnley

Licensed Embalmer No.

42020

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.