DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33322

Registration District No. 377 | Primary Registration District No. 6076 | Registrar's No. 2038

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

1. PLACE OF DEATH:
(a) County: St Louis County
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. St. Rose Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: four months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St Clair
(c) City or town: St Louis (If outside city or town limits write "RURAL")
(d) Street No.: 509 N. 4th St. (If rural, give location) St Louis
(e) Citizen of foreign country? (Yes or No): No
If yes, name country:

3. (a) PRINT FULL NAME: GERHARD J. LEVELING
3. (b) If veteran, name war: no.
3. (c) Social Security No.: 481-07-2311
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Theresa Leveling
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: Nov. 22 (Month) 1880 (Day) (Year)
8. AGE: Years 66 Months 10 Days 6 If less than one day hr. min.
9. Birthplace: St Louis (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Supr. Structural Steel
11. Industry or business:
MOTHER FATHER
12. Name: Henry A. Leveling
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Jacobmeyer
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Theresa Leveling
(b) Address: 509 N. 4th St. St Louis Mo
17. (a) St Louis (Burial, cremation, or removal) (b) Date thereof: 9-29-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Holy Cross
18. (a) Signature of funeral director: J. M. Buchler Jr.
(b) Address: 2218 Sta. Ave.
19. (a) 9-29-47 (Date received local registrar) (b) Eric J. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1947 hour 11 minute 55 A.M.
21. I hereby certify that I attended the deceased from May 15, 1947 to Sept 28, 1947 that I last saw him alive on Sept. 28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Perforated Jejunal Ulcer (Tuberculous)	24 hrs
Due to: Pulmonary Tuberculosis	1 yr
Due to: 132	
Other conditions (Include pregnancy within 3 months of death): Gastrojejunostomy 1 yr ago for peptic duodenal ulcer	

Major findings:
Of operations: Perforated jujunal ulcer (tuberculous)
~~Of autopsy~~: Pulm Tbc.
Gastrojejunostomy 1 yr for peptic Duodenal ulcer.

PHYSICIAN — Underline 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: 0
23. Signature: Marao Ohmb MD (M. D. or other)
Address: 9101 So. Broadway Date signed: 9/25/47

(Licensed Embalmer's Statement on Reverse Side)

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: Frank Prokopf

Licensed Embalmer No. 4356

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.