No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12264 4413

FILED MAY 20 1948 318
Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1940a Senate Street.
(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 DEACEASED:
(a) State Missouri. (b) County
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1940a Senate Street.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Leppert
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 Widowed.
6. (b) Name of husband or wife Fred Leppert
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 20th. (Day) 1869. (Year)

8. AGE: Years 78 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Saint Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Joe Fink
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Charles Meier
(b) Address 2207 Missouri Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1948. (Month) (Day) (Year)
(c) Place: burial or cremation S.S.Peter & Paul Cemetery
18. (a) Signature of funeral director Zeigenhein Bros.
(b) Address 6409 Gravois Ave.
19. (a) MAY 11 1948 (Date received local registrar) (b) J. F. Bresack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th, year 1948. hour 11 minute 50 P. M.
21. I hereby certify that I attended the deceased from April, 1943, to May 9, 1948, that I last saw her alive on May 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	4 days
Due to Hypertensive Heart Disease	5 yrs
Due to Chronic Nephritis	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 George A. O'Sullivan (M. D. or other) M.D.
Address 421 N. Schermer Date signed 5-10-48

Jefferson City Printing Co.
(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.....Homer W. Fritz.....

Licensed Embalmer No.....3882.....

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.