

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948
1318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27945

Registrar's No. 7246

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one Month
In this community 52 Yrs 10 Mons 4 days.
Specify whether years, months or days

3: (a) PRINT FULL NAME Arthur Lefers.

3. (b) If veteran, name war No. 1 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Loretta Lefers. 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 10 11 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 10 4 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Storekeeper

11. Industry or business _____

12. Name Bernard Lefers.

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

14. Maiden name Kathern Belket.

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

16. (a) Informant Mrs Loretta Lefers.

(b) Address 2501a N Market St.

17. (a) Burial (b) Date thereof 8-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis, Ave

19. (a) AUG 18 1948 (b) J. H. Bredet
(Date received local registrar) (Registrar's signature)

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. 2501 a N Market St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 85 day 15
year 1948 hour 11 minute 20 PM.

21. I hereby certify that I attended the deceased from August 2
1948 to August 15 1948
that I last saw him alive on Aug 15
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver Duration 6 mos

Due to _____

Due to _____

Other conditions Bronchopneumonia 3 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Cirrhosis of liver
Bronchopneumonia.

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 2415 N. Washington Date signed 8/18/48
JOHN F. REED

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

OCT 8 1948

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.....

Elmer R. Cadwell

Licensed Embalmer No..... *4077*

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.