No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31195

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7947

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

Thu - 2 - 4 -

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: 3523 MINNESOTA 1
(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 000

(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 3523 MINNESOTA AVE 0
(If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ARTHUR J. LEISTER

3. (b) If veteran, name war

3. (c) Social Security No. 497-10-6987

4. Sex MALE U

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife ELSIE M. LEISTER

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased MARCH (Month) 15 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	5	23	hr. min.

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

10. Usual occupation BOOKKEEPER

11. Industry or business CLARENCE B. BECK CO. INC.

FATHER
12. Name JACOB LEISTER 1
13. Birthplace PHILADELPHIA (City, town, or county) PENNSYLVANIA (State or foreign country)

MOTHER
14. Maiden name MARIE E KAISER 1
15. Birthplace PHILADELPHIA (City, town, or county) PENNSYLVANIA (State or foreign country)

16. (a) Informant Mrs Elsie Leister
(b) Address 3523 Minnesota Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-11-1948 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST MARCUS CEM.

18. (a) Signature of funeral director Wm J. Robert L. + U. Co.
(b) Address 1905 So GRAND BLVD.

19. (a) SEP 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 8
year 1948 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan. 6, 1948 to Sept. 8, 1948
that I last saw him alive on Sept. 1, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis, left	9 mos.
Due to generalized arteriosclerosis.	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None performed

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 0

23. Signature James P. Murphy, M.D. (M.D. or other)
Address 607 N. Grand, St. Louis Date signed 9-9-48

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.....J. Allen Davis Jr.....

Licensed Embalmer No.....5043.....

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.