

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6442

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 1822

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5312 Michigan Ave.		d. STREET ADDRESS (If rural, give location) 5312 Michigan Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Katie Leps		b. (Middle) Leps	
c. (Last) Leps		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 17, 1870
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY --	12. CITIZEN OF WHAT COUNTRY? 0
13a. FATHER'S NAME Frederick Kromer		13b. MOTHER'S MAIDEN NAME Marie Kull	
14. NAME OF HUSBAND OR WIFE Frank R. Leps		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) --	
16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME Bertha Baer 5312 Michigan	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic gangrene Rt. foot ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease + chronic myocarditis DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ① Mild Diastolic Hypertension ② Senility.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443X	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (A. M.) (P. M.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from July , 1947, to Feb. 23 , 1950, that I last saw the deceased alive on Feb. 21 , 1950, and that death occurred at 5:30 A. M. , from the causes and on the date stated above.	
23a. SIGNATURE Charles G. Bermejer M.D.		23b. ADDRESS 3103 Arsenal St.	
23c. DATE SIGNED 2/24/50		24. BURIAL CREMATION REMOVAL (Specify) Burial	
24a. DATE 2-25-50		24b. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24c. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	
DATE REC'D BY LOCAL REG. FEB 24 1950		REGISTRAR'S SIGNATURE J. B. Leps	
25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

Matt

2 to 3
Anheuser Bush
Dispensary

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address. *6322 50 Street*

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.