

S. No. 2  
DM-5-42  
Rev. 5-17-39  
-1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38997**  
Registrar's No. **10885**

FILED JAN -5 1942

818

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5037 Washington Blvd.  
(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

3. (a) PRINT FULL NAME Septimus Leon  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Bessie Leon 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased June 7 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 6 20 hr. min.

9. Birthplace England  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman Millinery

11. Industry or business not known

MOTHER FATHER

12. Name \_\_\_\_\_

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

14. Maiden name unknown

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

16. (a) Informant Bessie Leon  
(b) Address 5037 Washington Blvd.

17. (a) burial (b) Date thereof Dec. 29-42  
(Burial, cremation, or removal) Mt Sinai (Month) (Day) (Year)  
(c) Place: burial or cremation St. Rindskoff

18. (a) Signature of funeral director J. P. Brebeck  
(b) Address 5218 Delmar

19. (a) DEC 29 1942 (b) J. P. Brebeck  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
5037 Washington Blvd.  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27  
year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from April 10 1942 to Dec. 27 1942  
that I last saw him alive on Dec. 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death mesenteric thrombosis  
Duration 1 day

Due to Congestive heart failure 1 month

Due to Chronic myocarditis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the 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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Albert E. Tausig (M.D. or other) M.D.  
Address 4500 Olive St. St. Louis Mo. Date signed 12/28/42

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**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.....

*C. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address.....

*3216 Delmar*

**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.**