

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37272**

**FILED** OCT 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2654

4000  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Manchester</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>	
c. LENGTH OF STAY (in this place) <b>4 months</b>		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Manchester Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route</b>	
3. NAME OF DECEASED a. (First) <b>MINA</b> b. (Middle) <b>F</b> c. (Last) <b>LEPP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-12-52</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>8-9-1863</b>
9. AGE (In years last birthday) <b>89</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Edward Heiligstedt</b>		13b. MOTHER'S MAIDEN NAME <b>Christina Wagoner</b>	14. NAME OF HUSBAND OR WIFE <b>Albert Lepp</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward C. Lepp, St. Louis, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute cardiac failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr. myocarditis</b> DUE TO (c) <b>Senil Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 13, 1952</b> , to <b>Oct 12, 1952</b> , that I last saw the deceased alive on <b>Oct 10, 1952</b> , and that death occurred at <b>7 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. H. Denny</b> (Degree or title)		23b. ADDRESS <b>Creve Coeur, Mo.</b>	
23c. DATE SIGNED <b>10-13-52</b>		23d. NAME OF CEMETERY OR CREMATORY	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>10-14-52</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Columbia, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>10/14/52</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Dambach - M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Schnieder F.H.</b>		ADDRESS <b>Columbia, Ill</b>	

P.T.

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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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Ben H. Johnson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4366

P. O. Address Downs

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.