

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28731

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>1896</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4493 Bircher Blvd.</u>							
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>			a. (First)		b. (Middle) <u>LEUSBROCK</u>		c. (Last)				
4. DATE OF DEATH <u>Aug. 8, 1949</u>				5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>			
8. DATE OF BIRTH <u>April 2, 1885</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>		IF UNDER 2 HRS. Hours <u>4</u> Min. _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furn. Finisher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Lammert Furn. Co.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Bernard Leusbrock</u>			
13b. MOTHER'S MAIDEN NAME <u>Catherine Leusbrock</u>			14. NAME OF HUSBAND OR WIFE _____			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kathryn Justmeier</u>			ADDRESS <u>3216 Kemp Dr.</u>			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Perfecting wound of brain</u>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perfecting wound of brain</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home of friend</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jennings St. Louis Mo.</u>			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 8, 1949 6:30 a.m.</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
21f. HOW DID INJURY OCCUR? <u>Gunshot wound</u>			22. I hereby certify that I attended the deceased from <u>Aug. 8, 1949</u> to <u>Aug. 8, 1949</u> , that I last saw the deceased alive on <u>Aug. 8, 1949</u> , and that death occurred at <u>10:08 a.m.</u> , from the causes and on the date stated above.			23a. SIGNATURE <u>Robert H. Kull</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>		
23c. DATE SIGNED <u>8-9-49</u>			24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			24b. DATE <u>8-10-49</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin Peutz</u>			ADDRESS <u>4828 Nat'l Bridge</u>			DATE REC'D BY LOCAL REG. <u>8-8-49</u>		
REGISTRAR'S SIGNATURE <u>Robert R. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin Peutz</u>			ADDRESS <u>4828 Nat'l Bridge</u>			DATE REC'D BY LOCAL REG. <u>8-8-49</u>		

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

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.....

Licensed Embalmer No.

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.