

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31939

103183

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

State File No.

Registrar's No. **7992**

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 township) OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. STREET ADDRESS (If rural, give location) 4249 Botanical			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) MARTIN		b. (Middle)	
c. (Last) LEICHT		(Month) (Day) (Year) Sept. 13th, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan. 25 1891
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Engineer	11. BIRTHPLACE (State or foreign country) Rock Creek Mo.
10b. KIND OF BUSINESS OR INDUSTRY HOBBY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Anton Leicht		14. NAME OF HUSBAND OR WIFE Irene	
13b. MOTHER'S MAIDEN NAME Amilia Hooge		17. INFORMANT'S SIGNATURE OR NAME Irene Leicht	
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. 489-01-5869	
17. ADDRESS 4249 Botanical			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Splenic Infarct 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	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 7.5			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 2			
22. I hereby certify that I attended the deceased from 9/1/49 , 19___, to 9/13/49 , 19___, that I last saw the deceased alive on 9/13/49 , 19___, and that death occurred at 2:00 PM m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph B. P. Bledsoe, M.D.		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 9/13/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-15-49	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 15 1949		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher	
25. ADDRESS 3013 Meramec St			

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 Francis Williamson

Licensed Embalmer No. 3565

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.