

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35801

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 4184

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Kirkwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>800 E. Montreal</u>	
3. NAME OF DECEASED a. (First) <u>TERESA</u> b. (Middle) <u>Loeche</u> c. (Last) <u>(mother Leach)</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 9 - 49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 14 1883</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>25</u> IF UNDER 24 HRS: Hours <u>25</u> Min.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Henry Laeche</u>	
13b. MOTHER'S MAIDEN NAME <u>Teresa Laeche</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ursuline Convent People</u> ADDRESS <u>Kirkwood</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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) m.	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 <u>Oct - 1, 1949</u> to <u>Oct. 9, 1949</u> , that I last saw the deceased alive on <u>Oct. 9, 1949</u> , and that death occurred at <u>4 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. J. O'Brien M.D.</u>		23b. ADDRESS <u>532 W. Big Bear</u>	23c. DATE SIGNED <u>10/10/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-10-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Plank, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wojciesz-Pitzinger</u> ADDRESS <u>Kirkwood, Mo.</u>	

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

McNeill name

**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 John M. Meyer

Licensed Embalmer No. 3688

P. O. Address Wickwood, Pa

**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.