

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6439**
Registrar's No. **1379**

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|--|---|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 314 | | PRIMARY REG. DIST. NO. 1003 | |
| 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 Saint Louis | | c. LENGTH OF STAY (In this place) 1 day | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital | | | d. STREET ADDRESS (If rural, give location) 7200 South Lavea | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Eugene | | b. (Middle) | c. (Last) Leitensdorfer | 4. DATE OF DEATH (Month) (Day) (Year) February 10, 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 11, 1870 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man | 10b. KIND OF BUSINESS OR INDUSTRY (Retired) | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Col. Eugene Leitensdorfer | | 13b. MOTHER'S MAIDEN NAME Philomena Chouvette | | 14. NAME OF HUSBAND OR WIFE Maude Gladding | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS LULIA BURLESON 6205 S. BROADWAY | | |
| 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) Arteriosclerotic Heart Disease | | | | INTERVAL BETWEEN ONSET AND DEATH 1 week? |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | |
| | 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 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) 4200 | | |
| 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? | | |
| 22. I hereby certify that I attended the deceased from Feb. 10, 1950 , to Feb. 10, 1950 , that I last saw the deceased alive on Feb. 10, 1950 , and that death occurred at 10:49a m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE G. M. Janku | | | (Degree or title) M.D. | 23b. ADDRESS 1325 South Grand Avenue | 23c. DATE SIGNED 2/11/50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE FEB. 13-50 | 24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY | 24d. LOCATION (City, town, or county) (State) 1200 LEMAY FERRY Rd LEMAY MO | | |
| DATE REC'D BY LOCAL REG. FEB 12 1950 | | REGISTRAR'S SIGNATURE J. P. Kester | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. N. FEMISTER & Co 7814 S. BROADWAY | |

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 1/2 Broadway*

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.