

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7049

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 583

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 <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. LENGTH OF STAY (in this place) <u>YRS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6815 Roberts Ave.,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> <u>256</u>	
		d. STREET ADDRESS (If rural, give location) <u>470</u> <u>6815 Roberts Ave.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONA</u>	b. (Middle) <u>I,</u>	c. (Last) <u>Prelli.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 4, 1950.</u>
----------------------------------------------------------------	-----------------------	--------------------------	---------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 1, 1885.</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	-----------------------------------------------------------------------	----------------------------------------	-------------------------------------------	-----------------------------------------	-----------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>St. Peter, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--------------------------------------------------------------------------------------------------------------	-----------------------------------------------	--------------------------------------------------------------------------	------------------------------------------

13a. FATHER'S NAME <u>Henry Siesenop</u>	13b. MOTHER'S MAIDEN NAME <u>Magadline Sattler</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Prelli</u>
------------------------------------------	----------------------------------------------------	--------------------------------------------------

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 ADDRESS <u>Joseph Prelli, 6815 Roberts Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>5 yrs.</u> <u>443X</u> <u>5 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Hypertensive Cardiovascular Disease</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 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) (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 June, 1949, to Mar. 4, 1950, that I last saw the deceased alive on Mar. 3, 1950, and that death occurred at 3:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>N. J. Honick</u> (Degree or title) _____	23b. ADDRESS <u>8902 Revereview Blvd.</u>	23c. DATE SIGNED _____
------------------------------------------------------------	-------------------------------------------	------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 8, 1950.</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
---------------------------------------------------------	--------------------------------	---------------------------------------------------------	---------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>MAR 6 1950</u>	REGISTRAR'S SIGNATURE <u>Hubert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Clark, 1125 Hodiamont Ave.,</u>
--------------------------------------------	--------------------------------------------	--------------------------------------------------------------------------------

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

4006

