

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11237

#67383

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 3034

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) c. CITY OR TOWN St. Louis 2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 3610 Forest Park Blvd. 0	
3. NAME OF DECEASED (Type or Print) a. (First) LEONARD b. (Middle) A. c. (Last) WANZER		4. DATE OF DEATH (Month) (Day) (Year) March 30th, 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Jan. 28, 1881
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman--Const. Co.		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Holland, S. Dakota /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John H. Wanzer	
13b. MOTHER'S MAIDEN NAME Unknown Sterns		14. NAME OF HUSBAND OR WIFE Mabel G.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 498-09-1929	
17. INFORMANT'S SIGNATURE OR NAME Mabel G. Wanzer--		ADDRESS 3610 Forest Park	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Bowel obstruction</u></p> <p>DUE TO (c) <u>Incisional ventral hernia</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) 5 Feb 53	
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 <u>3/21/50</u> , 19 <u>50</u> , to <u>3/30/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/30/50</u> , 19 <u>50</u> , and that death occurred at <u>4:00am</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thomas L. Moorman M.D. 0</u>		23b. ADDRESS <u>1515 Lafayette Ave.,</u>	23c. DATE SIGNED <u>3/30/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 0</u>	24b. DATE <u>4/3/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>N. St. Marcus Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>
DATE REC'D BY LOCAL REG. <u>MAR 31 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Senter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker-Weldale</u> ADDRESS <u>-3634 Gravois</u>	

*1
Betsy*

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 *Robert Wheeler*

Licensed Embalmer No. *2428*

P. O. Address *Mo. Lee 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.