

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25660

Off 389 67L
Reg # 86111
FILED AUG 8 1950

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1831

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) JEFF. BRKS., MO.		c. LENGTH OF STAY (in this place) 35 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) NEW BADEN		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM HOSPITAL			d. STREET ADDRESS (If rural, give location) NONE		
3. NAME OF DECEASED (Type or Print) a. (First) LEONARD		b. (Middle) C	c. (Last) OLIVER	4. DATE OF DEATH (Month) (Day) (Year) JULY 30 1950	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH 8-7-95	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHARLES OLIVER		13b. MOTHER'S MAIDEN NAME LAURA BAYLESS	14. NAME OF HUSBAND OR WIFE GESTA MAGGIE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or dates of service) W W I	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		ADDRESS
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIABETES MELLITUS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 260X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE NONE (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 6-25, 19 50, to 7-30, 19 50, and that death occurred at 12:45 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M.D.			23b. ADDRESS VAH, JEFF BRKS., MO.		23c. DATE SIGNED 7/30/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5	24b. DATE July 31, 1950	24c. NAME OF CEMETERY OR CREMATORY New Baden, Illinois	24d. LOCATION (City, town, or county) (State) New Baden, Illinois		
DATE REC'D BY LOCAL REG. 7-30-50	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Undertaking & Livery Co. 781 S. Broadway		

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. Skoog

Licensed Embalmer No. 2679

P. O. Address 7814 S. 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.