

No. 300
10. 48

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32209
Registrar's No. 2251

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) MANCHESTER
c. LENGTH OF STAY (If in this place) 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois b. COUNTY Madison
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison 8120
d. STREET ADDRESS (If rural, give location) 1601 Sixth Street 8

3. NAME OF DECEASED
a. (First) Sarah b. (Middle) Jayne c. (Last) Leu

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 21 1950

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH January 20, 1868

9. AGE (In years last birthday) 82
If under 1 year: Months 8 Days 1
If under 1 hr. Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) England 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Cowan

13b. MOTHER'S MAIDEN NAME Mary Wynn

14. NAME OF HUSBAND OR WIFE Fred Leu

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. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Evelyn Leu Madison, Ill

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) Chr. myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH
4221

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1946, to Sept 21, 1950, that I last saw the deceased alive on Sept 20, 1950, and that death occurred at 6:45 a.m., from the causes and on the date, stated above.

23a. SIGNATURE (Degree or title) E. J. Denny M.D.

23b. ADDRESS Crewe Coors, Ill

23c. DATE SIGNED 9-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. to Madison, Ill.

24b. DATE 9/21/50

24c. NAME OF CEMETERY OR CREMATORY Sunset Hill

24d. LOCATION (City, town, or county) (State) Edwardsville Illinois

DATE REC'D BY LOCAL REG. 9-21-50 REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Francis J. Leu Madison, Ill.

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

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Francis J. Dekey*

Licensed Embalmer No. *2794*

P. O. Address *Madison, Ill*

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.