

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35285

Registar's No. 8404

| | | | | | | | | | | |
|--|------------------------|---|--|--|--|--|------------------------------------|--|----------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registar's No. 8404 | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. | | | | b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2069 | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3891 McDonald Ave. | | | | d. STREET ADDRESS (If rural, give location) 3891 McDonald Ave. | | | | 0 | | |
| 3. NAME OF DECEASED (Type or Print) LEONARD | | a. (First) | | b. (Middle) J. | | c. (Last) PREISS | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 3 1950 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Dec. 4 1906 | | 9. AGE (10 years last birthday) 43 | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Feeder-Watchman | | | 10b. KIND OF BUSINESS OR INDUSTRY Advocate | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? _____ | | | |
| 13a. FATHER'S NAME Fred Preiss | | | 13b. MOTHER'S MAIDEN NAME Mary Haushalter | | | 14. NAME OF HUSBAND OR WIFE Marv Preiss | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 490-10-6326 | | 17. INFORMANT'S SIGNATURE OR NAME Mary Preiss | | | | | ADDRESS 3891 McDonald Ave. | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <i>Hypertensive Cardio-Vascular Dis.</i></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p> | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1948? - 1950 | | |
| 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <i>H/H/3K</i> | | | | | | |
| 22. I hereby certify that I attended the deceased from <i>27th July</i> , 19 <i>50</i> , to <i>10-3-</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>10-3-50</i> , 19 _____, and that death occurred at <i>4:30P</i> m., from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE <i>Charles F. Trimmer, M.D.</i> | | | | (Degree or title) | | 23b. ADDRESS <i>16 Plaza Hampton Village</i> | | 23c. DATE SIGNED <i>10/5/50</i> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Oct. 6, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | | 24d. LOCATION (City, town, or county) St. Louis Co., Mo. (State) | | | | |
| DATE REC'D BY LOCAL REG. OCT 5 1950 | | REGISTRAR'S SIGNATURE <i>J. Bassett</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Edwin M. Aermatt*

Licensed Embalmer No. *3024*

P. O. Address _____

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.