

No. 300
10.48

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 38742

009
5

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____ Registrar's No. **9556**

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE M b. COUNTY 2129	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Home		1. STREET ADDRESS (If rural, give location) 5381 Delmar	

3. NAME OF DECEASED (Type or Print) a. (First) Edward	b. (Middle) Louis	c. (Last) Leidner	4. DATE OF DEATH (Month) (Day) (Year) 11 10 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Nov-24-1861
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR (Months) (Days) 11 10	IF UNDER 1 HR. (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (State or foreign country) unknown	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	---

13a. FATHER'S NAME William Leidner	13b. MOTHER'S MAIDEN NAME Barbara Zangles	14. NAME OF HUSBAND OR WIFE Charlotte Hollwede Leidner
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Masonic Home of Missouri	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	ANTECEDENT CAUSES DUE TO (b) Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility		
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 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? 431X
--	--	--

22. I hereby certify that I attended the deceased from **5-2-** 19 **46** to **11-10-** 19 **50**, that I last saw the deceased alive on **10-10**, 19 **50**, and that death occurred at **9-40A** m., from the causes and on the date stated above.

23a. SIGNATURE Dolan Danuska (Degree or title)	23b. ADDRESS 508 N. Grand	23c. DATE SIGNED 11-10-50
---	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. NOV 10 1950	REGISTRAR'S SIGNATURE J. B. Santos	25. FUNERAL DIRECTOR'S SIGNATURE G. L. ... ADDRESS 6175 Delmar
---	---	--

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joe E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *St. Louis, 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.