

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10341

State File No. 2268

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROSA HOUSE SPRINGS		0500			
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS.				d. STREET ADDRESS (If rural, give location) RR #1					
3. NAME OF DECEASED (Type or Print) a. (First) FRANK			b. (Middle) _____		c. (Last) LEIGHT		4. DATE OF DEATH (Month) (Day) (Year) 3 - 9 - 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH MARCH 17-1868		9. AGE (In years last birthday) 87 Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) HOUSE SPRINGS MO			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME VALENTINE J. LEIGHT			13b. MOTHER'S MAIDEN NAME PETROLINA SYEHLA			14. NAME OF HUSBAND OR WIFE FRANCES BROOK			
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 Anna J. Daehn Cuba Mo				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Jaundice due to Liver Cancer INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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? 3810					
22. I hereby certify that I attended the deceased from _____, 19____, to 3-29-51 , that I last saw the deceased alive on 3-9-51 , and that death occurred at 9:20 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Kelcy Berg MD				23b. ADDRESS 3203 20 Grand		23c. DATE SIGNED 3/9/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/12/51		24c. NAME OF CEMETERY OR CREMATORY St. Filomenas		24d. LOCATION (City, town, or county) (State) House Springs Mo			
DATE REC'D BY LOCAL REG. MAR 10 1951		REGISTRAR'S SIGNATURE J. Blaser			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Brummer House Springs Mo				

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 _____

Signed.....
Student Embalmer

Licensed Embalmer No.

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.