

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

21311
5421

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 16 OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 2169
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.		d. STREET ADDRESS (If rural, give location) 3542 Magnolia 0		
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) CORNELIUS		c. (Last) Leuzinger
4. DATE OF DEATH (Month) (Day) (Year) 6/13/51		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Nov. 1, 1867		9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Keytesville, Missouri U
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Wheeler		13b. MOTHER'S MAIDEN NAME Martha Fidler
14. NAME OF HUSBAND OR WIFE J. H. Leuzinger		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. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Leuzinger--3830 Park 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500
22. I hereby certify that I attended the deceased from 19 <u>40</u> , to <u>June 13, 1951</u> , that I last saw the deceased alive on <u>June 13, 1951</u> , and that death occurred at <u>10:50 am</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS 1703 So. Grand		23c. DATE SIGNED 6-13-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/16/51		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u> 3634 Gravois		
DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE JUN 14 1951		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u> 3634 Gravois		

(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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Robert Wheeler.....

Licensed Embalmer No. 2128.....

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.