

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 9617

Registrar's No. 9617

No. 300
10.48

FILED NOV 8 1951

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File 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, Missouri		c. LENGTH OF STAY (In this place) 1 Yr. 3 Mo. 5 Days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Infirmiry Hosp.				d. STREET ADDRESS (If rural, give location) 5800 Arsenal Street.			
3. NAME OF DECEASED (Type or Print) Charles		a. (First)		b. (Middle)		c. (Last) Leidel	
4. DATE OF DEATH Oct. 23, 1951.		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married.		8. DATE OF BIRTH May 6, 1866		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min. 5 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Silesia		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME St. Louis City Infirmiry Records, 5800			
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) <i>Uremia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive Cardio-vascular Disease</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 20 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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? <i>H43X</i>			
22. I hereby certify that I attended the deceased from <u>July 18, 1951</u> , to <u>Oct. 23, 1951</u> , that I last saw the deceased alive on <u>Oct. 23, 1951</u> , and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Henry M. Janaka M.D.</i>		23b. ADDRESS 5600 Arsenal Street		23c. DATE SIGNED 10/23/51.			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE Oct 31-51		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
DATE REC'D BY LOCAL REGS.		REGISTRAR'S SIGNATURE <i>Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Cullen Kelly</i> ADDRESS 4386 Lindell			

(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.....

Students of Mortuary College

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.