

DEC 1 1951

STANDARD CERTIFICATE OF DEATH

1003 State File No. 38721  
Registrar's No. 10177

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. 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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2019	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5824 So. Compton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) KATHERINE	b. (Middle) F.	c. (Last) BLEIBTREU	DEATH Nov. 13, 1951		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 22, 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Camp Point, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Meyer	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Rev. E.L. Bleibtreu
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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 Marie Bleibtreu, 5824 So. Compton, St. Louis	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL LACERATION OVER FRONTAL LOBE		DUE TO (b) SEVERE SUB-DURAL HEMORRAGE		
*This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) FRONTAL CENTER-COOP INJURY		
II. OTHER SIGNIFICANT CONDITIONS Condition contributing to the death but not related to the disease or condition causing death. FRACTURE OF POSTERIOR FROM				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION FALL RESULTING FROM ITEM (A)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT OUTSIDE STEPS OF HOME	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5824 So. Compton St. Louis	21c. (CITY, TOWN, OR TOWNSHIP) NONE (COUNTY) MO. (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 13 1951 5 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? WHILE BENDING OVER REACHING FOR NEWSPAPER ON STEPS
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22. I hereby certify that I attended the deceased from 11-13-51, to 11-13-51, that I last saw the deceased alive on 11-13-51, 1951, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Francisco Leon, M.D.	23b. ADDRESS Deaconess Hospital	23c. DATE SIGNED 11-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 16, 1951	24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	24d. LOCATION (City, town, or county) 1800 Lemay Ferry Road (State)
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DATE REC'D BY LOCAL OFFICE NOV 15 1951	REGISTRAR'S SIGNATURE J. Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. 7812 So. Broadway, St. Louis, Mo.	ADDRESS
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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 Harold Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

**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.