No. 800
10-48

FILED APR 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11503

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 922

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Belnor
c. LENGTH OF STAY (in this place) 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8257 Glen Echo Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Belnor 4180
d. STREET ADDRESS (If rural, give location) 8257 Glen Echo Drive 0

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) B. c. (Last) Painter

4. DATE OF DEATH (Month) (Day) (Year) April 4, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 29, 1876
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer
10b. KIND OF BUSINESS OR INDUSTRY Model Printing Co.
11. BIRTHPLACE (State or foreign country) Glasgow, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown Painter
13b. MOTHER'S MAIDEN NAME Liza Cason
14. NAME OF HUSBAND OR WIFE Rose E. Painter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 494-01-0952
17. INFORMANT'S SIGNATURE OR NAME Rose E. Painter, 8257 Glen Echo Drive 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of urinary bladder. — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

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. Myocarditis, chronic

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION 181X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X
21c. (CITY, TOWN, OR TOWNSHIP) X (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? X

22. *I hereby certify that I attended the deceased from* 9-7- *19*50, *to* 4-4- *19*50, *that I last saw the deceased alive on* ~~9-7-~~ 4-4-1952 *19*50 *and that death occurred at* 8:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE Andy Hall, Jr. (Degree or title) M.D.
23b. ADDRESS University Club Bldg. St. Louis, Mo.
23c. DATE SIGNED 4-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 4/8/52
24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 4-7-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD SW
25. FUNERAL DIRECTOR'S SIGNATURE PROVOST UND. CO., 3710 N. Grand Blvd. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Andy Hall
Union Club
607 N. Grand
2-3

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 Gustav W. Dietule

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.