

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14507**  
**2341**  
Registrar's No. \_\_\_\_\_

FILED APR 16 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <b>St Louis Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>	
b. CITY OR TOWN <b>St Louis Mo</b>		c. CITY OR TOWN <b>Creve Coeur Mo</b>	
c. LENGTH OF STAY (in this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>Ladue Rd 4400</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hosp</b>			
3. NAME OF DECEASED a. (First) <b>JOSEPH</b> b. (Middle) <b>L</b> c. (Last) <b>LERITZ</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 11 1952</b>
5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 7-1868</b>
9. AGE (In years last birthday) <b>84</b> Months <b>1</b> Days <b>4</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Machinist</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Alsace Lorraine</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		13a. FATHER'S NAME <b>Michael Lertz</b>	
13b. MOTHER'S MAIDEN NAME <b>Catherine Puyang</b>		13c. NAME OF HUSBAND OR WIFE <b>Eizabeth Lertz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Lertz 1701 Dolansky Res Bldg</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho-pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Debility</b>			<b>3 mds</b>
DUE TO (c) <b>Cerebral Apoplexy</b>			<b>3 mds</b>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>324X</b>			
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. W. Casper</b> (Degree or title)		23b. ADDRESS <b>4952 Broadway</b>	
23c. DATE SIGNED <b>3-12-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar 13-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Capeau Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAR 12 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith</b> ADDRESS <b>6536 Clayton Rd</b>	
REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith</b> ADDRESS <b>6536 Clayton Rd</b>	

**Kui 115 17 Mo**

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

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.