

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37271

State File No. ....

No. 300  
10.48

FILED OCT 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2714

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmsdale</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmsdale</u>	
c. LENGTH OF STAY (In this place) <u>11 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>8913 Pallardy Lane</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>8913 Pallardy Lane</u>		d. STREET ADDRESS (If rural, give location) <u>8913 Pallardy Lane</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Max</u>		b. (Middle) <u>T.</u>	
c. (Last) <u>Leistner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10/19/52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Nov. 21, 1861</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Making Cabinets</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488 18 8038A</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Dowling</u>		ADDRESS <u>8913 Pallardy Lane</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cranial Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic H.E.</u> DUE TO (c) <u>4200</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Postoperative Posttuberculous</u> 2 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan, 1948</u> to <u>10/19, 1952</u> , that I last saw the deceased alive on <u>10/11, 1952</u> , and that death occurred at <u>12:00 noon</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Deceased or title) <u>Walter Gray M.D.</u>		23b. ADDRESS <u>8938 88 Charles Road</u>	
23c. DATE SIGNED <u>10/20/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/22/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/21/52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke-M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bellevue Funeral Home</u>		ADDRESS <u>10123 St. Chas. Rd.</u>	

Gray

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. Rd

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.