

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43584**
Registrar's No. **10037**

FILED JAN 10 1953

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		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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3706 Utah Pl.		d. STREET ADDRESS (If rural, give location) 16 3706 Utah Pl.	

3. NAME OF DECEASED (Type or Print) a. (First) Caroline b. (Middle) E. c. (Last) Leve			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1952		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR 3 MONTHS 14 DAYS	IF UNDER 1 HR. 14 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Herman Volkening		13b. MOTHER'S MAIDEN NAME Otilie Mestamacher		14. NAME OF HUSBAND OR WIFE Oscar Leve	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Oscar Leve		ADDRESS 3706 Utah Pl.	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sodium Fluoride Poisoning		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES self administered at her home			
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) at 3706 Utah Ave., on Oct 31 DUE TO (c) 1952 exact time unknown			
II. OTHER SIGNIFICANT CONDITIONS suicide while suffering from temporarily mental		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION hemorrhage	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 31 52 ? m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9717
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22. I hereby certify that I attended the deceased from 10, 1952, to 10, 1952, that I last saw the deceased alive on 9/26, 1952, and that death occurred at 9:26 a.m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E Taylor Coroner (Degree or title)	23b. ADDRESS 300 Clark	23c. DATE SIGNED NOV 1 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11/4/52	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. NOV 1 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher	ADDRESS 3013 Meramec
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Coroner

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.....

Jack Haupt

Licensed Embalmer No. 4946

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.