

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26870**
Registrar's No. **6640**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) St. Louis.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary		d. STREET ADDRESS (If rural, give location) 4965 Alcott Ave.,	

3. NAME OF DECEASED (Type or Print) a. (First) Leon b. (Middle) C. c. (Last) Schoemaker		4. DATE OF DEATH (Month) (Day) (Year) July 3, 1953.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-27-1882
9. AGE (In years last birthday) 71		10. KIND OF BUSINESS OR INDUSTRY Cabinet maker	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME John H.	13b. MOTHER'S MAIDEN NAME Sarah Schneider	14. NAME OF HUSBAND OR WIFE Edith May Pearson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-01-7069	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith Schoemaker,	ADDRESS 4965 Alcott
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Cerebral Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (c)		

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) 334X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 **Jan. 9, 1953**, to **July 3, 1953**, that I last saw the deceased alive on **July 3, 1953**, and that death occurred at **1:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Valerie B. Drehmann</i>	(Degree or title) MD	23b. ADDRESS 5800 Arsenal St.	23c. DATE SIGNED 7-3-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/6/53	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. JUL 6 1953	REGISTRAR'S SIGNATURE <i>Charles Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Drehmann-Harral</i>	ADDRESS 1905 Union Blvd.
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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

Albert R. Thompson

Licensed Embalmer No.

42 637

P. O. Address

St. Louis

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

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