S. No. 300
v. 10.48

0370
1

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

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28250

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: GASCONDE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-ROARK TWP
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ mi. S.W. of HERMANN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: GASCONADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-ROARK TWP. 0370
d. STREET ADDRESS (If rural, give location): 1½ mi. S.W. of HERMANN

3. NAME OF DECEASED (Type or Print)
a. (First): FRITZ
b. (Middle):
c. (Last): LEFHOLZ

4. DATE OF DEATH (Month) (Day) (Year): AUG 6 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: NOV. 10-1884
9. AGE (In years last birthday): 68
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): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: DIEDRICH LEFHOLZ
13b. MOTHER'S MAIDEN NAME: AMELIA LEINEKE
14. NAME OF HUSBAND OR WIFE: ELIZE LEFHOLZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Elda Hauser
ADDRESS: BELLEVILLE, ILL

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) Acute circulatory collapse — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 21 days
DUE TO (c)

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
4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1953, *to* Aug. 7, 1953, *that I last saw the deceased alive on* Aug. 3, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible]
(Degree or title): M.D.
23b. ADDRESS: Hermann, Mo.
23c. DATE SIGNED: 8/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8/9/53
24c. NAME OF CEMETERY OR CREMATORY: LOUTRE ISLAND CEM.
24d. LOCATION (City, town, or county) (State): RFD McKITTRICK MO

DATE REC'D BY LOCAL REG.: 8-10-53
REGISTRAR'S SIGNATURE: Wilma Gerker 492
25. FUNERAL DIRECTOR'S SIGNATURE: Hugo H. Oliver
ADDRESS: HERMANN MO

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed..... Hugo S. Blumer

Signed.....
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann 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.