

**STANDARD CERTIFICATE OF DEATH**

State File No. ....

**FILED SEP 24 1953**

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

Registrar's No. **8491**

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>14 5027 Murdock</b>	
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<b>3. NAME OF DECEASED</b> a. (First) <b>Charles</b> b. (Middle) <b>Leicht</b> c. (Last) (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug. 31, 1953</b>			
<b>5. SEX</b> Male	<b>6. COLOR OR RACE</b> white	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Married	<b>8. DATE OF BIRTH</b> Nov. 25, 1875	<b>9. AGE</b> (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Mins.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Salesman		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Austria</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b>

<b>13a. FATHER'S NAME</b> Adolph Leicht	<b>13b. MOTHER'S MAIDEN NAME</b> Fannie Mathaus	<b>14. NAME OF HUSBAND OR WIFE</b> Jennie Leicht
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) no no	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS Jennie Leicht 5027 Murdock

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>INTERVAL BETWEEN ONSET AND DEATH</b> 4 hrs
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocardial infarction</b>		(b) <b>arteriosclerotic Heart Disease</b>
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> H-20.0
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 8/6, 1953, to 8/31, 1953, that I last saw the deceased alive on 8/30, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> H. F. Bergman	(Degree or title) M.D.	<b>23b. ADDRESS</b> 3770 Washington	<b>23c. DATE SIGNED</b> 9/1/53
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> 9-3-53	<b>24c. NAME OF CEMETERY OR CREMATORY</b> Parklawn Cem.	<b>24d. LOCATION</b> (City, town, or county) (State) Lemay, Mo.
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<b>DATE REC'D BY LOCAL REG.</b> SEP 1 1953	<b>REGISTRAR'S SIGNATURE</b> J. Carl Smith	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS Southern Funeral Home 6322 S. Grand Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. F. Bergman

Beaumont Bldg.

2 to 3 p.m.

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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 \_\_\_\_\_

*David Van Fossen*

Licensed Embalmer No. \_\_\_\_\_

45434

P. O. Address \_\_\_\_\_

6322 80th

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.