

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33603**
Registrar's No. **8740**

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) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **7 1/2 hours**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Lutheran Hospital**
e. STREET ADDRESS (If rural, give location) **5421 Walsh St.** **2149**

3. NAME OF DECEASED (Type or Print)
a. (First) **John** b. (Middle) _____ c. (Last) **Leininger** 4. DATE OF DEATH (Month) (Day) (Year) **9/8/53**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **Aug. 30, 1872** 9. AGE (In years last birthday) **81** IF UNDER 1 YEAR Months Days IF UNDER 100 Hrs. Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired 15 years** 10b. KIND OF BUSINESS OR INDUSTRY **Bread Baker** 11. BIRTHPLACE (City and State or Foreign Country) **Laubach, Germany** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Amelia**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes Spanish Amer.** 16. SOCIAL SECURITY NO. **---** 17. INFORMANT'S SIGNATURE OR NAME **Lucille Tietjens--** ADDRESS **5421 Walsh St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Decompensated heart disease**
ANTECEDENT CAUSES (b) **Arteriosclerotic heart disease**
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 _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **NA** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ **420.0**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 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 **12/17, 1952**, to **9/7, 1953**, that I last saw the deceased alive on **9/7, 1953**, and that death occurred at **2:30 a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Paul W. Smith M.D.** 23b. ADDRESS **5203 Chippewa** 23c. DATE SIGNED **9/8/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9/10/53** 24c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 24d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.**

DATE REC'D BY LOCAL REG. **SEP 9 1953** REGISTRAR'S SIGNATURE **Paul W. Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Wacker-Helderle** ADDRESS **3634 Gravois**

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

attached

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *269*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.