No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1953

State File No. 40752

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10295

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) De Paul Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2207
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
e. STREET ADDRESS (If rural, give location) 20 ~~2242~~ Montgomery Str

3. NAME OF DECEASED (Type or Print)
a. (First) MAUDE
b. (Middle) E
c. (Last) LEASOR

4. DATE OF DEATH (Month) Oct (Day) 28 (Year) 1953

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH Sept 5 1897

9. AGE (In years last birthday) 56 — If under 1 year: Months 1, Days 23 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waitress

10b. KIND OF BUSINESS OR INDUSTRY cafeteria

11. BIRTHPLACE (City and State or Foreign Country) Herold Ill

12. CITIZEN OF WHAT COUNTRY? /

13a. FATHER'S NAME Charles Henry Wagner

13b. MOTHER'S MAIDEN NAME Delila Hedges

14. NAME OF HUSBAND OR WIFE Santford H. Leasor

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.

17. INFORMANT'S SIGNATURE OR NAME Charles B Leasor-- Son
ADDRESS

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 Entero-Colitis — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Post Operative Cholecystectomy — 10 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 10-21-53

19b. MAJOR FINDINGS OF OPERATION Cholecystitis with Chole lithiasis

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? 584X

22. *I hereby certify that I attended the deceased from* 10-18, 1953, *to* 10-28, 1953, *that I last saw the deceased alive on* 10-28, 1953, *and that death occurred at* 2 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE H. O. Schrepel (Degree or title) M.D.

23b. ADDRESS 634 No. Grand, St. Louis, Mo.

23c. DATE SIGNED 10-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 31, 1953

24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery

24d. LOCATION (City, town, or county) Carbondale Ill (State)

DATE REC'D BY LOCAL REG. OCT 30 1953

REGISTRAR'S SIGNATURE Paul Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE HENRY LEIDNER UND CO.
ADDRESS 2223 St. Louis Ave.

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred J. Farmer

Licensed Embalmer No. 478

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.