V.S. No. 300
Rev. 10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

41692

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2919

1. PLACE OF DEATH
a. COUNTY Villa Gesu St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Ferdinand
c. LENGTH OF STAY (in this place) 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Villa Gesu

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Ferdinand
d. STREET ADDRESS (If rural, give location) 11755 Riverview Drive 4200

3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary Frances b. (Middle) c. (Last) Leonard

4. DATE OF DEATH (Month) November (Day) 10, (Year) 1953

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH April 16, 1872
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months 6 Days 25 | IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching
10b. KIND OF BUSINESS OR INDUSTRY Religious
11. BIRTHPLACE (City and State or Foreign Country) Champaigne, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Thomas Leonard
13b. MOTHER'S MAIDEN NAME Mary Walsh
14. NAME OF HUSBAND OR WIFE Never married

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 ADDRESS Sister Mary Loyola, 11755 Riverview Drive St. Louis 15, Mo

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) Hypertensive arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocarditis chronic. — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
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* Aug 25, 1953, *to* Nov 10, 1953, *that I last saw the deceased alive on* 11-3, 1953, *and that death occurred at* 7:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE J. M. Weyrich (Degree or title) MD
23b. ADDRESS 8321 W. Broadway
23c. DATE SIGNED 11-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY Villa Gesu
24d. LOCATION (City, town, or county) (State) 11755 Riverview Drive, St. Louis 15, Mo

DATE REC'D BY LOCAL REG. 11/12/53
REGISTRAR'S SIGNATURE Herbert B. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co. 7420 Michigan

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald O Yahuke

Licensed Embalmer No. 3917

P. O. Address [illegible]

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.