

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

41701

State File No.

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2853

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural Florissant</u>		c. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural Florissant</u>	
c. LENGTH OF STAY (In this place) <u>56 years</u>		d. STREET ADDRESS (If rural, give location) <u>Dunn Rd. Florissant, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunn Rd. Florissant, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Dunn Rd. Florissant, Mo.</u>	

3. NAME OF DECEASED a. (First) <u>Leo</u> b. (Middle) _____ c. (Last) <u>Mareschal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11/4/53</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 19, 1897.</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>			11. BIRTHPLACE (State or foreign country) <u>Florissant, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Leon Mareschal</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Prendergast</u>			14. NAME OF HUSBAND OR WIFE <u>Lillian Mareschal</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florissant</u> ADDRESS <u>Lillian Mareschal Dunn Rd.</u>			
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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						INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic +</u> DUE TO (c) <u>Rheumatic Heart Disease</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid arthritis</u>									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>416X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 25 Feb, 1952 to 4 Nov, 1953, that I last saw the deceased alive on 3 Nov, 1953, and that death occurred at 2:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. Hengen, M.D.</u> (Degree or title)		23b. ADDRESS <u>Pattonville, Mo.</u>		23c. DATE SIGNED <u>5 Nov 53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/7/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co; Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11/5/53</u>		REGISTRAR'S SIGNATURE <u>Heber...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Clark 1125 Hodiamont Ave.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1-3 PM
16. May

Handwritten scribbles

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 Alfred J. Boedeker

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hedemont

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.