

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29052
Registrar's No. 7690

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4yr 2mo 2dy		e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Adam	b. (Middle)	c. (Last) Leffler	4. DATE OF DEATH (Month) (Day) (Year) August 10, 1954.
-------------------------------------	-----------------	-------------	-------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 27, 1890	9. AGE (in years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
-------------	------------------------	---	-------------------------------	------------------------------------	------------------------	-----------------------	-------	------

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

13a. FATHER'S NAME John Leffler	13b. MOTHER'S MAIDEN NAME Barbara ????	14. NAME OF HUSBAND OR WIFE
---------------------------------	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Miss Penzler 2331 Muller Ave
---	---------------------------------	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with heart and brain DUE TO (c) damage.		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4500
---	--	---------------------------------

22. I hereby certify that I attended the deceased from June 8, 1950, to August 10, 1954, that I last saw the deceased alive on August 10, 1954, and that death occurred at 4:40 A.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Volun Ruzicek M.D.	22b. ADDRESS 5800 Arsenal St.	22c. DATE SIGNED 8-10-54
---	-------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG-20-54	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) ST LOUIS MO
--	---------------------	--	---

DATE REC'D BY LOCAL REG. AUG 19 1954	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paulan Kelly 4386 Lindell
--------------------------------------	---	--

(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.....
Signature of Student Embalmer

Signed *Frank C. Merrick*

Licensed Embalmer No. *4854*

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.