

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9636**

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, Missouri** c. LENGTH OF STAY (in this place) **32 yrs** 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: **3124 Ohio Avenue** e. STREET ADDRESS (If rural, give location) **24 3124 Ohio Avenue** **2249**

3. NAME OF DECEASED a. (First) **GEORGE** b. (Middle) **F.** c. (Last) **LEASSNER, JR.** 4. DATE OF DEATH (Month) (Day) (Year) **Oct. 21, 1954**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married** 8. DATE OF BIRTH **Feb. 10, 1922** 9. AGE (in years last birthday) **32 yrs.** IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shoe worker** 10b. KIND OF BUSINESS OR INDUSTRY **shoe factory** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **George Leassner, Sr.** 13b. MOTHER'S MAIDEN NAME **Sophie Castens** 14. NAME OF HUSBAND OR WIFE **single**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. **490-14-9229** 17. INFORMANT'S SIGNATURE OR NAME **George Liessner** ADDRESS **3124 Ohio 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.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary thrombosis**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH **1**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **Dec 23, 1953**, to **Oct 21, 1954**, that I last saw the deceased alive on **Oct 20, 1954**, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Carl E. Mueller M.D.** 23b. ADDRESS **3537 S. Jefferson** 23c. DATE SIGNED **Oct 21, 1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **Oct. 25, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Our Redeemer Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **OCT 25 1954** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Beiderwieden F.H. Inc., 1936 St. Louis Ave.**

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

DR. CHAS. MOELLER

3537 SQ. JEFFERSON AVE.

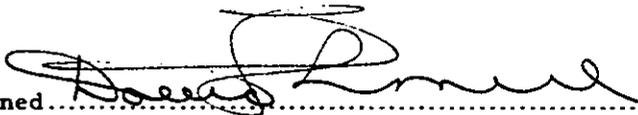
1-3 Friday

PK - 6 - 37/5

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. 45

P. O. Address 

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.