

FILED MAY 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14096**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 949	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Clayton		c. LENGTH OF STAY (In this place) DOA		c. CITY OR TOWN Affton 80		d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				STREET ADDRESS (If rural, give location) Route 14, Box 820			
3. NAME OF DECEASED (Type or Print) a. (First) Leo			b. (Middle) S.		c. (Last) BLOCK		4. DATE OF DEATH (Month) (Day) (Year) April 23, 1955
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Aug. 30, 1932	
9. AGE (In years last birthday) 22		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ser. Sta. attendant			10b. KIND OF BUSINESS OR INDUSTRY unemployed		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry B. Block			13b. MOTHER'S MAIDEN NAME Regina Heidemann			14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 495344351		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry B. Block, Route 14-Box 820			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral injuries, with evidence					
		ANTECEDENT CAUSES DUE TO (b) of fracture of the base of the skull and probable fracture of the neck.					
		DUE TO (c) the neck.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E812 8 26					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Affton St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr. 23, 1955 12:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Thrown from motorcycle which collided with rear end of car			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 4-26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/26/55		24c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery		24d. LOCATION (City, town, or county) (State) Mattese 23, Mo.	
DATE REC'D BY LOCAL REG. April 25, 1955		REGISTRAR'S SIGNATURE H. Ernest P. Donke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan			

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

1951 4 1 1077

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 *W. G. Peterson*

Licensed Embalmer No. *370*

P. O. Address *7420 m*

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.