

14188

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 21 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 767

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 township) <u>Kirkwood</u>		c. CITY OR TOWN <u>Kirkwood</u> <u>MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>White Oaks Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>Dougherty Ferry & Francis Rds.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>LOU</u> c. (Last) <u>LEYHE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Feb. 1, 1864</u>	
9. AGE (In years last birthday) <u>91</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Canton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. Leyhe</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Goddertz</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Leyhe, 419 E. Madison, Kirkwood Mo.</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22: I hereby certify that I attended the deceased from <u>Mar 31, 1955</u> to <u>Apr. 2, 1955</u> , that I last saw the deceased alive on <u>Apr 2 1955</u> , and that death occurred at <u>11:20 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jean M. P. O.</u>		23b. ADDRESS <u>4500 W Pine St Louis</u>	
23c. DATE SIGNED <u>4-2-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/4/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Alton City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Alton, Ill</u>	
DATE REC'D BY LOCAL REG. <u>4-4-55</u>		REGISTRAR'S SIGNATURE <u>Richard B. Donkey, St. Louis</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. K. Kiffin</u>		ADDRESS <u>Kirkwood Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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..... *Felix Hurand*

Licensed Embalmer No. *303*

P. O. Address. *W. K. Wood*

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.