

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14229

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>757</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: <input type="checkbox"/> 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>Richmond Heights</u>			c. LENGTH OF STAY (in this place) <u>1 month</u>	c. CITY OR TOWN <u>University City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>7301 Melrose</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>			b. (Middle) _____		c. (Last) <u>Leonhard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 1 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>October 7, 1868</u>		9. AGE (In years last birthday) <u>86</u>	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) <u>Retired teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Board of Education</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Conrad A Leonhard</u>			13b. MOTHER'S MAIDEN NAME <u>Helena Kircheiss</u>		14. NAME OF HUSBAND OR WIFE <u>Frida NONE</u>		
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>with</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frida Leonhard, 7301 Melrose</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>							
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
II. ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <u>Arteriosclerosis</u>							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Hip Lt.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>FX Lt. Hip.</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) <u>332XF</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from date admit to hosp. to <u>1 Apr 55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1 Apr</u> , 19 <u>55</u> , and that death occurred at <u>9:04 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl M. Fellhauer M.D.</u>				23b. ADDRESS <u>634 N. Grand Blvd.</u>		23c. DATE SIGNED <u>2 Apr. 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-4-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>H. L. S.</u>		REGISTRAR'S SIGNATURE <u>Heber K. Ambrose</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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. None working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Delis J. Tracy
Licensed Embalmer No. 3
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.