

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24101

318

1003

5635

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
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. LENGTH OF STAY (in this place) _____		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				e. STREET ADDRESS (If rural, give location) 2 5424a Rhodes Ave. 2029/0					
3. NAME OF DECEASED (Type or Print) LEONARD			a. (First)	b. (Middle)	c. (Last) MEYER	4. DATE OF DEATH (Month) (Day) (Year) June 28 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Feb. 4, 1872			
9. AGE (in years last birthday) 83		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner (Retired 25 Yrs.)				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Louise Meyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Meyer 5424a Rhodes 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic heart disease - 1 year</i> ANTECEDENT CAUSES <i>Dis ease - generalized debility - 3 yrs</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Cirrhosis</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Rt. ing. hernia (large) generalized debility from</i> Conditions contributing to the death but not related to the disease or condition causing death. <i>renal</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>none</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE <i>no</i>		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) (Min.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				4222			
22. I hereby certify that I attended the deceased from <i>6-19-55</i> , to <i>6-28-55</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>6-28-55</i> , and that death occurred at <i>2:30 A</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>O. C. [Signature]</i>				23b. ADDRESS <i>7623 S. Kingshighway</i>		23c. DATE SIGNED <i>6-28-55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Jun. 30, 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		24d. LOCATION (City, town, or county) (State)* <i>St. Louis Co. Mo.</i>			
DATE REC'D BY LOCAL REG. <i>JUN 29 1955</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser 4228 S. Kingshighway Bl.</i>					

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

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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. 514  
working under my personal supervision..

Student

*George W. Krieschbaum*  
Signature of Student Embalmer

Signed

*William B. White*  
Licensed Embalmer No. 428

P. O. Address 4228 Kellogg

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.