

27898

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7225**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		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"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) 3661 Roswell Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital			

3. NAME OF DECEASED (Type or Print) ANTON	a. (First)	b. (Middle)	c. (Last) LEINGANG	4. DATE OF DEATH August 18, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 1, 1893	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler	10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch Co.	11. BIRTHPLACE (City and State or Foreign Country) Rome City, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank J. Leingang	13b. MOTHER'S MAIDEN NAME Christine Schatz	14. NAME OF HUSBAND OR WIFE Zada M. Leingang
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO. W.W.I	17. INFORMANT'S SIGNATURE OR NAME Mrs. Zada M. Leingang	ADDRESS 3661 Roswell Ave.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ? months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiogenic Carcinoma Left		
	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. Cerebral metastases of above.			

19a. DATE OF OPERATION 6/16/55	19b. MAJOR FINDINGS OF OPERATION Bronchoscopy	20. AUTOPSY? 162K YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **8/1/55**, 19**55**, to **8/18**, 19**65**, that I last saw the deceased alive on **8/17/55**, 19**55**; and that death occurred at **6:15A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James C. Vest M.D.	23b. ADDRESS 634 N. Grand.	23c. DATE SIGNED 8/18/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/22/55	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County.
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DATE REC'D BY LOCAL REG. AUG 19 1955	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary	ADDRESS 2842 Meramec St.
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S.P. (Licensed Embalmer's Statement on Reverse Side) **St. Louis 18 Missouri**

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

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 *Loren E. Percy*.....

Licensed Embalmer No. 4094...

P. O. Address 2842 Meramec
St. Louis 18 Mis

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.