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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 29 1955

State File No. **31491**
7644
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis, Mo.	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 Loess Cass		e. STREET ADDRESS (If rural, give location) 26 1023rd Cass 22690	
3. NAME OF DECEASED (Type or Print) a. (First) Leone b. (Middle) O. c. (Last) Shukis		4. DATE OF DEATH (Month) (Day) (Year) 8 3 55	
5. SEX Male	6. COLOR OF HAIR Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 1879 A.M. '76
9. AGE (In years, Months, Days) 76	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) W.R.	10b. KIND OF BUSINESS OR INDUSTRY W.R.	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZENSHIP OF WHAT COUNTRY? U.S.	13a. FATHER'S NAME W.R.	13b. MOTHER'S MAIDEN NAME W.R.	14. NAME OF HUSBAND OR WIFE W.R.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.R.	16. SOCIAL SECURITY NO. W.R.	17. INFORMANT'S SIGNATURE OR NAME W.C. Taylor ADDRESS 1300 Clark	

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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic DUE TO (c) Heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None		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) 420.0		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, from the causes and on the date stated above.				
23a. SIGNATURE Frank M. Deussen (Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8/18/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) AUG 31 1955	24b. DATE AUG 31 1955	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town; or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. AUG 31 1955	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Howland-Aker Mortuary Service ADDRESS 414 1/2 Manchester Ave. St. Louis 10, Mo.		

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

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address

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.