

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1956

State File No. **6809**
Registrar's No. **1601**

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) 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)		e. STREET ADDRESS (If rural, give location) 3441 Gasconade St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3441 Gasconade St.,			

3. NAME OF DECEASED (Type or Print) a. (First) Gertrude b. (Middle) H. c. (Last) Leinz,			4. DATE OF DEATH (Month) (Day) (Year) February 13, 1956	
5. SEX Female,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH October 2, 1894	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY At Home,		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Richard Leinz,	13b. MOTHER'S MAIDEN NAME Helena Vens,	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Anna M. Leinz,	ADDRESS 3441 Gasconade St.,
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno-Carcinoma rt breast with metastasis, lung, liver and brain		INTERVAL BETWEEN ONSET AND DEATH 14 Mo.
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. with metastasis, lung, liver and brain		DUE TO (b)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

19a. DATE OF OPERATION Dec 53	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 170X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Dec**, 19**53**, to **Feb. 13**, 19**56**, that I last saw the deceased alive on **Feb. 13**, 19**55**, and that death occurred at **10:50P m.**, from the causes and on the date stated above.

23a. SIGNATURE A.D. Hoffmann M.D.	23b. ADDRESS 16 Hampton Village	23c. DATE SIGNED 2/14/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	24b. DATE 2/16/56	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		

DATE REC'D BY LOCAL REG. FEB 14 1956	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,	ADDRESS 2842 Meramec St., St. Louis, 18, Mo.
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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 me, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Loran E. Percy.....
Licensed Embalmer No. 409
2842 Meramec
P. O. Address.....St. Louis, Mo.

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.