

STANDARD CERTIFICATE OF DEATH

6815

FILED FEB 17 1956

State File No.

318

1003

Registrar's No. 661

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY St. Louis City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospt.

6. STREET ADDRESS (If rural, give location) 1360 Hamilton 2069

3. NAME OF DECEASED
a. (First) Francis b. (Middle) Lee c. (Last) Leon

4. DATE OF DEATH (Month) (Day) (Year) 1 17 56

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4/5/1907

9. AGE (In years last birthday) 48 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) Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Septimis Leon

13b. MOTHER'S MAIDEN NAME Bessie Wiseburg

14. NAME OF HUSBAND OR WIFE Marie Leon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.2

16. SOCIAL SECURITY NO. 489-14-0340

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Leon 1360 Hamilton

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
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.

INTERVAL BETWEEN ONSET AND DEATH Two hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 420.1

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1956, to Jan 17, 1956, that I last saw the deceased alive on Jan 17, 1956, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Turner M.D.

23b. ADDRESS 1251 Blackstone

23c. DATE SIGNED Jan 19-1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1/21/56

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. JAN 20 1956

REGISTRAR'S SIGNATURE Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos W. Clark Fun. Home Inc. Hodiemont

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

OCT 10 1962

VS
APR 29 1962

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 *Alfred J. Boedek*.....
Licensed Embalmer No. *266*

P. O. Address *1125 7th*.....

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.