

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15076**

FILED APR 27 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542** Registrar's No. **920**

1. PLACE OF DEATH a. COUNTY St. Louis		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 Richmond Heights		c. LENGTH OF STAY (in this place) 45 minutes	c. CITY OR TOWN Robertson
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) Route #1 Box 581	

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) F c. (Last) Huelskamp			4. DATE OF DEATH (Month) (Day) (Year) April 4 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 7, 1913		9. AGE (In years last birthday) 43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Federal-Brilliant Sign Company	11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Huelskamp	13b. MOTHER'S MAIDEN NAME Hattie Romine	14. NAME OF HUSBAND OR WIFE May Huelskamp
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 492-07-4635	17. INFORMANT'S SIGNATURE OR NAME Mrs. May Huelskamp, Robertson, Missouri		ADDRESS
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis ANTECEDENT CAUSES Interoportorectal spread of morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (c) Malignant Melanoma of the neck			INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3-20-56	19b. MAJOR FINDINGS OF OPERATION Melanoma		20. AUTOPSY YES <input checked="" 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)	
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 **3-13-1956**, to **4-4-1956**, that I last saw the deceased alive on **4-4-1956** and that death occurred at **2:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) N. K. Pencil M.D.	23b. ADDRESS 4660 Maryland	23c. DATE SIGNED 4/5/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 7 1956	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cenetry	24d. LOCATION (City, town, or county) (State) Normandy, St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. 4-5-56	REGISTRAR'S SIGNATURE Herbert R. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair Avenue		ADDRESS

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 *W. Gordon G. Bursley*
Licensed Embalmer No.....

P. O. Address *St. Louis*

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.