

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32684**

FILED OCT 10 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **2257**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Florida b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Lauderdale	
c. LENGTH OF STAY (in this place) 3 mos.		d. STREET ADDRESS (If rural, give location) 1614 So. East 1st	
d. FULL NAME OF HOSPITAL OR INSTITUTION 308 Orchard Ave			

3. NAME OF DECEASED (Type or Print) LeRoy			4. DATE OF DEATH (Month) (Day) (Year) 9/21/1956		
a. (First)		b. (Middle)		c. (Last)	
				Sante Jr.	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/15/1920	9. AGE (In years last birthday) 36	# UNDER 1 YEAR Months 3 Days 6	# UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer		10b. KIND OF BUSINESS OR INDUSTRY Photography		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LeRoy Sante Sr.	13b. MOTHER'S MAIDEN NAME Jewel Hart	14. NAME OF HUSBAND OR WIFE Elizabeth Stephenson Sante
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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) Yes World War #2	16. SOCIAL SECURITY NO. 522-14-8458	17. INFORMANT'S SIGNATURE OR NAME Dr. LeRoy Sante	ADDRESS 308 Orchard 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary E. dema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. fibrosarcoma antrum (ca) Generalized Metastases		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 6/24/54	19b. MAJOR FINDINGS OF OPERATION Tumor of antrum	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) 160X
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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 June, 1954, to 9-21, 1956, that I last saw the deceased alive on 9-21, 1956, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE F. X. Palitta	(Degree or title) MD	23b. ADDRESS Missouri Theater Bldg	23c. DATE SIGNED 9/21/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/24/1956	24c. NAME OF CEMETERY OR CREMATORY Valhalla	24d. LOCATION (City, town, or county) (State) St. Louis County Mo
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DATE REC'D. BY LOCAL REG. 9-24-56	REGISTRAR'S SIGNATURE Hebert R. Tomberlin	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary	ADDRESS 6633 Clayton Rd
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(Licensed Embalmer's Placement on Reverse Side)

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.