No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

State File No. 36337

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9663

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri,
b. COUNTY
c. CITY OR TOWN: St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4045 Nebraska Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First): Leo
b. (Middle): B.
c. (Last): Verplanke,

4. DATE OF DEATH (Month) (Day) (Year): October 21, 1956

5. SEX: Male.
6. COLOR OR RACE: White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed,
8. DATE OF BIRTH: October 8, 1876
9. AGE (In years last birthday): 80
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired 30 Yrs.
11. BIRTHPLACE (City and State or Foreign Country): Belgium,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Leopold Verplanke,
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Mary L. Verplanke, (decd).
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Helen Ivanko, 4039 Nebraska Ave.,

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) Acute dilatation of the heart (— INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Edema and congestion of brain,) lungs and viscera (—

DUE TO (c) Cardiovascular-renal disease — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hiccough — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 442x
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* Oct. 6, 1956, *to* Oct. 21, 1956, *that I last saw the deceased alive on* Oct. 21, 1956, *and that death occurred at* 2:40P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. W. Peters
(Degree or title): M.D.
23b. ADDRESS: 4145 a S. Grand Blvd.
23c. DATE SIGNED: 10/23/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial,
24b. DATE: 10/24/56
24c. NAME OF CEMETERY OR CREMATORY: SS. Peter & Paul Cemetery,
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: OCT 23 1956
REGISTRAR'S SIGNATURE: Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gebken-Benz Mortuary, 2842 Meramec St., ~~St. Louis, 18, Mo.~~
(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 embal

by me, or by .....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Joe S. Berry.....

Licensed Embalmer No....4249...

2842 Meramec

P. O. Address....St. Louis,..1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.