

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

State File No. **38656**

**FILED NOV 19 1956**

Registrar's No. **18**

BIRTH NO. _____		REG. DIST. NO. <b>180</b>		PRIMARY REG. DIST. NO. <b>5673</b>		Registrar's No. <b>18</b>	
1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural (Monroe)</b>		c. LENGTH OF STAY (in this place) <b>5 hr.</b>		c. CITY OR TOWN <b>Troy</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7 Miles east of Troy MO.</b>				e. STREET ADDRESS (If rural, give location) <b>8570</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUISE LILLIAN</b>			b. (Middle) <b>LESH</b>		c. (Last) <b>LESH</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 14, 1956</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Jan. 21, 1888</b>		9. AGE (In years last birthday) <b>68</b>		10. IF UNDER 1 YEAR Months <b>9</b> Days <b>23</b>		11. IF UNDER 24 HRS. Hour <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Michael Meinhardt</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Mueth</b>		14. NAME OF HUSBAND OR WIFE <b>George Lesh</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lucille Johnson</b> ADDRESS <b>Winfield MO.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>(1) Coronary Thrombosis</b>		ANTECEDENT CAUSES <b>(2) Arthro-Sclerosis</b>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>(3) Diabetes Mellitus</b>					
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <b>7/2, 1954</b> to <b>Nov. 14, 1956</b> , that I last saw the deceased alive on <b>Nov. 14, 1956</b> , and that death occurred at <b>11.00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. Creech</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Troy MO</b>		23c. DATE SIGNED <b>11-14-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov. 17, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis MO.</b>	
DATE REC'D BY LOCAL REG. <b>11-14-56</b>		REGISTRAR'S SIGNATURE <b>Emma B. Riddle</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Dr. McRoy</b>		ADDRESS <b>Troy MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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..... *D. W. McCoy*

Licensed Embalmer No... *350*

P. O. Address *Tracy, N.C.*

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.