

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6. 1957

State File No. 3274

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

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>		
b. CITY OR TOWN <u>MANCHESTER Mo</u>		c. LENGTH OF STAY (in this place) <u>1 da</u>	c. CITY OR TOWN <u>WOODSON TERRACE</u>		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 <u>Manchester Nursing Home</u>			e. STREET ADDRESS (If rural, give location) <u>9245 CORREGIDO</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecelia</u> b. (Middle) _____ c. (Last) <u>Lesslie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 2 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>FEB 16 1872</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Schweppe</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZ. BRYAN</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ANN Rodgers Kirkwood Mo</u>	
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular fibrillation</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> <u>7 days</u> DUE TO (c) <u>Rheumatic Heart Disease</u> <u>many years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) <u>416X</u>	
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 <u>5-18, 1956</u> , to <u>1-2, 1957</u> , that I last saw the deceased alive on <u>12-28, 1956</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Martin Kucharski DO</u>			23b. ADDRESS <u>2335 Brown Rd</u>		23c. DATE SIGNED <u>1-2-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1/5/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS Mo</u>
DATE REC'D BY LOCAL REG. <u>1-3-57</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donnelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. HOME OVERLAND Mo</u>	

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 *Al C Ostmann*.....

Licensed Embalmer No. *3470*

P. O. Address

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.