V.S. No. 300
Rev. 10.48

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

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15247

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2885

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): 1 MONTH
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 01 6244 WASHINGTON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON 4442
d. STREET ADDRESS (If rural, give location): 27 147 N. MERAMEC

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) J. c. (Last) SCHLESINGER

4. DATE OF DEATH (Month) (Day) (Year): MARCH 22, 1957

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 19, 1875

9. AGE (In years last birthday): 81 — 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): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (City and State or Foreign Country): NEWPORT, KENTUCKY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: THOMAS J. COSTIGAN

13b. MOTHER'S MAIDEN NAME: MARGARET McKEOWN

14. NAME OF HUSBAND OR WIFE: DECEASED HENRY SCHLESINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: MISS ROSEMARY SCHLESINGER **ADDRESS:** 147 N. MERAMEC

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) CEREBRAL HEMMORRHAGE — Interval between onset and death: 2 MOS.
Cerebral hemorrhage
Hypertensive C.V.R.Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HYPERTENSIVE CVR DISEASE — 10 YRS.
DUE TO (c)

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

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* July, 1951, *to* March, 1957, *that I last saw the deceased alive on* March 22, 1957, *and that death occurred at* 4:45 P.M. 4:45 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Robert M. Launch (Degree or title) M.D. — Robert M. Launch
23b. ADDRESS: 4952 Maryland — 4952 Maryland
23c. DATE SIGNED: March 25, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): MARCH 26, 1957
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG. MAR 25 '57
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS:** STOCK MORTUARY, 889 S. BRENTWOOD BLVD.
MJB (Licensed Embalmer's Statement on Reverse Side)

Dr Robt. Lanick
2952 Mary Land

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 Paul A. Wachter

Licensed Embalmer No. 7787

P. O. Address Florissant Mo.

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