

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18961

STATE FILE NUMBER

FILED MAY 24 1957

318

1003

4314

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>01 4324 Itaska St.</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>2/5 ADDRESS 4324 Itaska St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>ELISE</b> Middle <b>LOUISE</b> Last <b>LEIST</b>				4. DATE OF DEATH Month <b>May</b> Day <b>4</b> Year <b>1957</b>							
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 22, 1877</b>		9. AGE (In years last birthday) <b>80</b>		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) <b>Housework</b>			100. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Julius Thiele</b>				14. MOTHER'S MAIDEN NAME <b>Sophie Buchroeder</b>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Harold A. Leist 4324 Itaska St.</b>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arteriosclerotic heart disease</b>										INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) _____	
DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>420.0</b>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE						
21. I attended the deceased from <b>June 3, 1955</b> , to <b>May 4, 1957</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>May 1, 1957</b> Death occurred at <b>7:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <b>Bernard T. King M.D.</b>						22b. ADDRESS <b>4755 Morganfield Rd St. Louis Mo</b>			22c. DATE SIGNED <b>5/6/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>May 7, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Churchyard</b>				23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Kriegshauser 4228 S.Kingshighway</b>				25. DATE RECD. BY LOCAL REG. <b>MAY 6 '57</b>				26. REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b> <i>m&amp;S</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *Richard W. Storosa*

Licensed Embalmer No. *40*

P. O. Address .....

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