

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

FILED DEC 9 1957

State File No. **41707**
Registrar's No. **10476**

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|--|-------------------------------|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (If this place) 2 Wks. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy | | 4/81 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hosp. | | | d. STREET ADDRESS (If rural, give location) 7512 Hillside Dr. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Leonard P. Baerveldt | | b. (Middle) _____ | c. (Last) _____ | 4. DATE OF DEATH (Month) (Day) (Year) 11/3/57 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 4/20/94 | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Fore | | 10b. KIND OF BUSINESS OR INDUSTRY John Gutman Con. | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Gene Baerveldt | | 13b. MOTHER'S MAIDEN NAME Johanna Schank | | 14. NAME OF HUSBAND OR WIFE Margaret Gleason | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World II | | 16. SOCIAL SECURITY NO. 497-09-1123 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Baerveldt ADDRESS 7512 Hills | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation | | | DUPLICATE | | In mo. |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | ANTECEDENT CAUSES | | 2 yrs. |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | DUE TO (b) Hypertension | | is |
| | | | DUE TO (c) _____ | | 3 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS | | | Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma | | 3 yrs. |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? 2 |
| 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) _____ | | 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 8-12-1955 , to 11-3-1957 , that I last saw the deceased alive on 11-2-1957 , and that death occurred at 12:30A m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Herman J. Kloeder M.D. (Degree or title) | | | 23b. ADDRESS 2616 N. 44th Rd. | | 23c. DATE SIGNED 11-4-57 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/6/57 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
| DATE REC'D BY LOCAL REGISTRY NOV 5 1957 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. Mullen & Sons 5165 Delmar Blvd. | |

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

91-775
11 JANUARY 1972

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

Neal E. Morris

Licensed Embalmer No.

3360

P. O. Address

St. Louis, 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.