

STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1958

STATE FILE NUMBER 896

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hosp.		Length of stay in lb	d. STREET ADDRESS 3846 So. Spring Ave.,		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jacob Middle A. Last Leise			4. DATE OF DEATH January 22, 1958 Month January Day 22 Year 1958		
5. SEX Male.	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 23, 1894	9. AGE (In years to birthday) 63	FUNDER 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) Freight Handler,		10b. BUSINESS INDUSTRY Retired, Ely-Walker Co.	11. BIRTHPLACE (City and state or country) Stanton, Illinois,		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Leise,		13b. MOTHER'S MAIDEN NAME Elizabeth Guennewig		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-10-5032	17. INFORMANT Address Blanche Leise, 3846 So. Spring Ave.,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Cirrhosis DUE TO (b) Cardio Vascular Renal Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gastro Intestinal Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 10 yrs
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.) 581.0			
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 November 1957 to Jan. 22, 1958 and last saw ^{her} alive on Jan. 22, 1958 Death occurred at 12:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C A Dexter MD		22b. ADDRESS 5200 S Compton		22c. DATE SIGNED 1-23-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		23b. DATE 1/25/58	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Gebken-Benz Mortuary,		ADDRESS 2842 Meramec St., St. Louis, 18, Mo.		25. DATE RECD. BY LOCAL REG. JAN 24 '58	
26. REGISTRAR'S SIGNATURE Carl Smith MD					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare
Public
Service300
-57

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms were observed. All diseases in Part I must be causally related.



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 *Joe B. Benz*

Licensed Embalmer No. 4249
2842 Meramec St
P. O. Address St. Louis, 18.

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).
c 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.