

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3868

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 80

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>ST. LOUIS</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>GLENCOE 4000</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COUNTY Hosp.</u>		Length of stay in lb <u>1 DAY</u>		d. STREET ADDRESS (If outside, give location) <u>GRAND AVE</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>William</u>		Middle <u>EDWARD</u>		Last <u>Leuthauser</u>		Month <u>1-</u> Day <u>8-</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 24, 1898</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO. AGGREGATES, Inc.</u>		11. BIRTHPLACE (City and state or country) <u>GLENCOE, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>FRED LEUTHAUSER</u>				14. MOTHER'S MAIDEN NAME <u>IDA MAE JOHNSON</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>497-10-644</u>		17. INFORMANT Address <u>Hattie Leuthauser, Glencoe, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Lobar pneumonia due to pneumococcus</u>							<u>1-5-58</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Paralytic ileus due to remote infection.</u>							<u>1-8-58</u>
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>				490X			
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 <u>7</u> a. m. <u>20</u> p. m. Month, Day, Year							
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 <u>1-7-1958</u> to <u>1-8-1958</u> and last saw <u>him</u> alive on <u>1-8-1958</u> Death occurred at <u>7:20 p m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) <u>Angelo A. Speno M. D.</u>				22b. ADDRESS <u>601 S. Brentwood Blvd.</u>		22c. DATE SIGNED <u>1-8-58</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-11-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>POND, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Schrader's Fun'l Home, Ballwin, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Jan 10, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donko M.D.</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..... *Richard Boop*

Licensed Embalmer No. *45*

P. O. Address *Ballwin*

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.