

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011549
State File No.

FILED APR 9 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3632**

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, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (If in this place) 2 yrs 10 days	c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hospital			e. STREET ADDRESS (If rural, give location) 4. 6758 Nashville Ave.,		
3. NAME OF DECEASED (Type or Print) a. (First) Leonard		b. (Middle) J	c. (Last) Dressel	4. DATE OF DEATH (Month) (Day) (Year) March 29 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-10-1873		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAROLEMAN		10b. KIND OF BUSINESS OR INDUSTRY Building Trades	11. BIRTHPLACE (City and State or Foreign Country) Buffalo, N.Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Dressel		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Dressel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY A. DRESSEL - 6758 NASHVILLE		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral art. Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral Arteriosclerosis			2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Generalized Arteriosclerosis			2 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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? 2	
22. I hereby certify that I attended the deceased from March 13, 1956, to March 29, 1958 , that I last saw the deceased alive on March 29, 1958 , and that death occurred at 12.45 P.M. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John W. Beckham, M.D.			23b. ADDRESS 5800 Arsenal		23c. DATE SIGNED 3/31/58
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-1-58	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM	24d. LOCATION (City, town, or county) (State) St. Louis Co MO	
DATE REC'D BY LOCAL REG. MAR 31 1958		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH - Maplewood 17 MO	

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

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 *J. Allen Davis*
Licensed Embalmer No. *4058*

P. O. Address *St. L.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.