

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024023
Stat. File No.

FILED JUL 11 1958
BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1664

1. PLACE OF DEATH a. COUNTY St. Louis		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 town) Kirkwood		c. CITY OR TOWN Kirkwood 47130	
c. LENGTH OF STAY (in this place) 40 years		d. 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 427 W. Rose Hill Ave.			
e. STREET ADDRESS (If rural, give location) 427 W. Rose Hill Ave.			

3. NAME OF DECEASED a. (First) EDWARD b. (Middle) (JOHN E.) c. (Last) J. LEUTHAUSER		4. DATE OF DEATH (Month) (Day) (Year) June 19, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4, 1884
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 3 Days 15	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Watchman		10b. KIND OF BUSINESS OR INDUSTRY City of Kirkwood	11. BIRTHPLACE (City and State or Foreign Country) Missouri
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Michael Leuthauser		13b. MOTHER'S MAIDEN NAME Elizabeth Woerther		14. NAME OF HUSBAND OR WIFE Clara Leuthauser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNK.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Leuthauser ADDRESS 427 W. Rose Hill	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mon
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undifferentiated carcinoma of right lung with metastases		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 163X		
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 11-14-57		19b. MAJOR FINDINGS OF OPERATION Metastatic carcinoma of cervical lymph nodes		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) m.		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 **11-7, 1957**, to **6-19, 1958**, that I last saw the deceased alive on **5-22, 1958**, and that death occurred at **1-05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Lloyd S. Polifka, M.D. (Degree or title)		23b. ADDRESS 109 N. Taylor, Kirkwood 22 Mo		23c. DATE SIGNED 6-19-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/21/58		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
		24d. LOCATION (City, town, or county) Kirkwood, Mo.		(State)	

DATE REC'D. BY LOCAL REG. 6/21/58		REGISTRAR'S SIGNATURE Heraud R. Bomke		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Poppo ADDRESS Kirkwood Mo.	
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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 *Thomas J. [Signature]*.....

Licensed Embalmer No. *427*.....

P. O. Address *Richwood*.....

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.