

FILED DEC 9 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11298

300
1-57

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 915 N.GRAND.ST.LOUIS,MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
35 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET.ADM.HOSPITAL		Length of stay in 1b 31 Hours	d. STREET ADDRESS (If outside, give location) 5215 MAFFITT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WARREN OLA LEISZ			4. DATE OF DEATH Month Day Year 11-23-58		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-27-95		9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE WORKER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) BURNSIDE KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME NOAH LEISZ		13b. MOTHER'S MAIDEN NAME SUSAN FRANCIS DILLON		14. NAME OF HUSBAND OR WIFE EMMA B LEISZ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 488103841		17. INFORMANT Address VAH RECORDS 915 N.GRAND.,ST.LOUIS,MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) VASCULAR HYPOTENSION DUE TO (c) ASHD (MYOCARDIAL INFARCTION, SUSPECTED)					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN 26 Hours 2 Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC PULMONARY DISEASE WITH TUBERCULOSIS 420.0A					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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. Attended the deceased from 11/22/58 to 11-23-58 and last saw him alive on 11/23/58 Death occurred at 2:43 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Bertram W. Justus M.D.			22b. ADDRESS VAH 915 N.GRAND ST.LOUIS,MO.		22c. DATE SIGNED 11/23/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
REMOVAL	11-26-58	NATIONAL CEM.		JEFF. BHS, MO.	
24. FUNERAL DIRECTOR ADDRESS EDW. FENDLER MORTUARY 5611 So. Grand		25. DATE RECD. BY LOCAL REG. NOV 24 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. S.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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 *Halley R. Gaeller Jr*
Licensed Embalmer No. *4950*
P. O. Address *St Louis*

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.