Health, Welfare Public Service

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1-57

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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016324
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 317 Primary Registration District No. 570 Registrar's No. 1022

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Normandy — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mother of Good Counsel Home — Length of stay in Ib 8 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Creve Coeur 4000 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Ladue Rd. Box 160 Rt 1 — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: ELIZABETH Middle: Last: LERITZ

4. DATE OF DEATH Month Day Year: April 14, 1959.

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ 2 **DIVORCED** ☐

8. DATE OF BIRTH May 13, 1871 **9. AGE** (In years last birthday) 87 — IF UNDER 1 YEAR: Months 11 Days 1 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** HOME

11. BIRTHPLACE (City and state or country) Selgheim Alsace Lorraine **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Joseph Zimmer **13b. MOTHER'S MAIDEN NAME** Catherine Becker **14. NAME OF HUSBAND OR WIFE** Joseph Leritz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mary Hinckley Address Box 160 Rt.1 Creve Coeur

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage, Recurrent — INTERVAL BETWEEN ONSET AND DEATH: 6 Hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Left Hemiparesis 330X — 10 mos.
DUE TO (c) Left Subarachnoid Hemorrhage — 10 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive Cardiovascular Disease
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 2, 1958, to April 14, 1959 and last saw her/him alive on April 10, 1959. Death occurred at 8:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert S. Hugh, M.D. (Degree or title) **22b. ADDRESS** Creve Coeur, Mo **22c. DATE SIGNED** April 15, 1959

23a. BURIAL, CREMATION, REMOVAL Burial **23b. DATE** Apr. 16 1959 **23c. NAME OF CEMETERY OR CREMATORY** Calvary Cemetery **23d. LOCATION** (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR A. H. Bocklage **ADDRESS** 6536 Clayton Rd. **25. DATE RECD. BY LOCAL REG.** 4-15-59 **26. REGISTRAR'S SIGNATURE** John C. Murphy, MD

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 4108

P. O. Address .....

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.