

FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE
UNITED STATES GOVERNMENT

59-042143

RECEIVED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **211086** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		e. STATE Missouri b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 6024 Wanda	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Albert Middle Louis Last Leidinger			4. DATE OF DEATH Month Nov. Day 30 Year 1959			
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 9-29-1896	9. AGE (last birthday) 73	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian--		10b. KIND OF BUSINESS OR INDUSTRY E. St. L. City Bus Co		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Philip Leidinger		13b. MOTHER'S MAIDEN NAME Elizabeth Glaeser		14. NAME OF HUSBAND OR WIFE Rose Leidinger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W.I		16. SOCIAL SECURITY NO. 488-10-6694		17. INFORMANT Rose Leidinger-6024 Wanda Ave.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 6 Mos.
IMMEDIATE CAUSE (a) Pericarditis -		
DUE TO (b)		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia -		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ 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 June 59 to 30 Nov 59 and last saw him alive on 28 Nov 59 Death occurred at 6:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. J. Schmeemann MD	(Degree or title)	22b. ADDRESS 6817 Gravois -	22c. DATE SIGNED 11/30/59
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 12-2-1959	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) Hwy. 66 & Mackenzie Rd.

24. FUNERAL DIRECTOR Benjamin B...	ADDRESS 6409 Gravois.	25. DATE RECD. BY LOCAL REG. NOV 30 1959	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

