

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 4 2 2

FILED VS. JAN - 4 1960 317

Registration District No. _____ Primary Registration District No. 500 Registrar's No. 3391 STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 487		c. CITY OR TOWN BRENTWOOD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2612 MELVIN AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ELMER Middle H. Last LEUTZINGER				4. DATE OF DEATH Month 12 Day 18 Year 59					
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 2-4-93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHROME POLISHER			10b. KIND OF BUSINESS OR INDUSTRY CHROME FURNITURE		11. BIRTHPLACE (City and state or country) HILLSBORO, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME HENRY LEUTZINGER			13b. MOTHER'S MAIDEN NAME SALLIE TREMBLE			14. NAME OF HUSBAND OR WIFE HELEN LEUTZINGER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 492 01 3711		17. INFORMANT Address VA HOSP. RECORDS, JEFFERSON BARRACKS, 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) BRONCHIAL PNEUMONIA							INTERVAL BETWEEN ONSET AND DEATH 3 weeks		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC BRAIN SYNDROME							5 yrs.		
DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 8-18-58 to 12-18-59 and USUAL RESIDENCE				Death occurred at 11:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. Oppler</i> (Degree or title) W. OPLER, M.D., DIRECTOR PROFESSIONAL SVC. VA HOSP. BRKS. MO.				22b. ADDRESS			22c. DATE SIGNED 12-18-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/21/59	23c. NAME OF CEMETERY OR CREMATORY JEFF BRKS NAT CEMETERY			23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS 25, MO.			
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.				25. DATE RECD. BY LOCAL REG. 12-19-59		26. REGISTRAR'S SIGNATURE <i>John G. Murphy M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

T. W. Humphrey

Licensed Embalmer No. _____

4772

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.