

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006693

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1602

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>3 days</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Leo T. (Marchlewski) Mc Closkey</b>			First	Middle	Last	4. DATE OF DEATH Month <b>2</b> Day <b>15</b> Year <b>61</b>		d. STREET ADDRESS (If outside, give location) <b>5236 Genevieve Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/27/69</b>	9. AGE (last birthday) <b>91</b>	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) <b>Teamster - Ret.</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John Marchlewski</b>			13b. MOTHER'S MAIDEN NAME <b>Julia (unknown)</b>			14. NAME OF HUSBAND OR WIFE <b>Mary McCloskey</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Julia L. McCloskey Genevieve Ave. 5236</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary and cardiac infarction</b>								INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>		
DUE TO (b) <b>Cerebral apoplexy</b>								<b>4 days</b>		
DUE TO (c) <b>Myocardial degeneration and atherosclerosis</b>								<b>1 month</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus for past few months</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>no</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>none 422.1</b>								
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 <b>July 1st 1950</b> , to <b>Feb 15th 1960, 1961</b> her husband last saw him alive on <b>Feb 15, 1961</b> Death occurred at <b>9:45</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <b>Henry E. Rosenberg M.D.</b> <i>Henry E. Rosenberg M.D.</i>					22b. ADDRESS <b>1467 N. Union Blvd. St. Louis</b>			22c. DATE SIGNED <b>13, Mo. 2/16/61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>2/18/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis</b>		Mo.			
24. FUNERAL DIRECTOR <b>Drehmann-Harral</b>			ADDRESS <b>1905 Union</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 17 1961</b>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

Dr. Henry E. Rosenberg  
1467 Union Blvd.  
Po. 1-5544

Hrs. 10-12 2-6

**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 Albert R. Thompson

Licensed Embalmer No. 4237

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.