

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017005

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4375**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 10 1962

VS 300 Rev. 4/59	DATE AMENDED	5/21/62
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF	DATE AMENDED
Leiwcke	5/21/62
Leiwcke	
Leiwcke	

BY AFFIDAVIT OF Informant

1. PLACE OF DEATH
a. COUNTY **St. Louis, Missouri**

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 **St. Louis, Missouri** Length of stay in 1b **2 DAYS**

c. CITY OR TOWN **Chesterfield** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Firmin Desloge Hospital** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **Centaur Station** Reside on Farm Yes No

3. NAME OF DECEASED First **Irene** Middle **A.** Last **Leiwcke**

4. DATE OF DEATH Month **4** Day **26** Year **62**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **1/24/1910** 9. AGE (last birthday) **52**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **teacher**

10b. KIND OF BUSINESS OR INDUSTRY **St. Joan of Arch**

11. BIRTHPLACE (City and state or country) **Audrain Co., Mo.**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **John C. Hagan** 13b. MOTHER'S MAIDEN NAME **Margaret Moore** 14. NAME OF HUSBAND OR WIFE **Francis J. Leiwcke**

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

16. SOCIAL SECURITY NO. **118** 17. INFORMANT Address **Missouri** **Francis J. Leiwcke Chesterfield**

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Lymphosarcoma** INTERVAL BETWEEN ONSET AND DEATH **Approximately 6 months**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **2004**

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. Yes No Unknown

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 **2:00** 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 **Chesterfield** COUNTY **Mo.** STATE

21. I attended the deceased from **3/1/62** to **4/26/62** and last saw her/him alive on **4/26/62**
Death occurred at **1:15 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **G. Brown M.D.** (Degree of title) 22b. ADDRESS **Firmin Desloge Hospital 1325 S. Grand Blvd., St. Louis 4, Mo.** 22c. DATE SIGNED **4/27/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4-28-62** 23c. NAME OF CEMETERY OR CREMATORY **Resurrection Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

24. FUNERAL DIRECTOR **Schrader Funeral Home Ballwin, Mo.** ADDRESS **Ballwin, Mo.** 25. DATE RECD. BY LOCAL REG. **APR 27 1962** 26. REGISTRAR'S SIGNATURE **Roan Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo.

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.