

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037113

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2572

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 20 1962

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 Kirkwood		Length of stay in 1b 50 years	c. CITY OR TOWN Kirkwood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 220 W. Rose Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 220 W. Rose Hill Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) FREDERICK MICHAEL LEUTHAUSER			4. DATE OF DEATH Month Sept. Day 2 Year 1962		
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 5-13-1882	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Painter	10b. KIND OF BUSINESS OR INDUSTRY Self. Employed	11. BIRTHPLACE (City and state or country) Manchester, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Michael Leuthauser	13b. MOTHER'S MAIDEN NAME Elizabeth Woerther	14. NAME OF HUSBAND OR WIFE Caroline Leuthauser
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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. None	17. INFORMANT Kirkwood 22, Mo. Caroline Leuthauser 220 W. Rose Hill
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Arteriosclerotic Heart Disease		
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 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 _____
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21. I attended the deceased from **Aug, 1958** to **Sept. 2, 1962** and last saw him alive on **Sept 1, 1962**
Death occurred at **a. 43** o'clock on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles E. Hogenkamp, M.D.	22b. ADDRESS 135 W. Adams Ave., Kirkwood, Mo.	22c. DATE SIGNED Sept. 9, 1962
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-5-1962	23c. NAME OF CEMETERY OR CREMATORY St. Pauls Cem.	23d. LOCATION (City, town, or county) Des Peres, Mo.
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24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood 22, Mo.	25. DATE RECD. BY LOCAL REG. 9-4-62	26. REGISTRAR'S SIGNATURE <i>John E. Murphy</i>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59	1400-3	2400-3	3	4 0	5 1	6	7 0	8 0	94200	10	11	1290-0	13
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS													
(INSTEAD OF)													
DOCUMENT													
MEDICAL CERTIFICATION													
BY AFFIDAVIT OF													
SHOULD READ													
ITEM NO.													

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 Herbert J. Lau Jr.

Licensed Embalmer No. 4800

P. O. Address Keokuk 22, 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.