

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18735  
4236  
Registrar's No.

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>  c. LENGTH OF STAY (in this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis 2239</u>  d. STREET ADDRESS (If rural, give location) <u>1309 Sidney St.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Leonhard T</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>Verderber</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 10, 1950</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 17, 1868</u>
<b>9. AGE</b> (In years) (Last birthday) <u>81</u>	If under 1 year: Months _____ Days _____	If under 24 hrs: Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Austria 4</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Beer Botther</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Retired</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>		<b>13a. FATHER'S NAME</b> <u>Mathias Verderber</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNKNOWN</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Eva Verderber</u>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>488-166462A</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Leopold Verderber</u>		<b>ADDRESS</b> <u>6037 Oleatha</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>In skull; Arteriosclerosis</u> <u>which he fell in his home</u>  DUE TO (c) <u>an April 15 1950 about 900 am.</u>			_____
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			_____
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Accident 000</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE (Specify)</b> <u>Accident</u>	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>St Louis Mo EUN 30</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute) <u>April 15 50 9:00 m.</u>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <u>20</u>		_____	
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1309</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Joseph M. J... Deputy Coroner</u>		<b>23b. ADDRESS</b> <u>1300 Clark</u>	
<b>23c. DATE SIGNED</b> <u>5/11/50</u>		_____	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>5/12/1950</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>ST. Paul Churchyard</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>ST. Louis, County</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>MAY 11 1950</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. B. Pasater</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Will Bur. L. v. G.</u>		<b>ADDRESS</b> <u>2929 S. Jefferson Ave.</u>	

**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 .....  
Student Embalmer

Signed *D. M. Davis*

Licensed Embalmer No. 374

P. O. Address 2929 Jefferson

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 this body is not embalmed, fact should be so stated above.