

FILED JUL 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25798

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2691

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy
c. LENGTH OF STAY (In this place) 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 6918 Natural Bridge Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy 4161
d. STREET ADDRESS (If rural, give location) 0 6918 Natural Bridge Rd.

3. NAME OF DECEASED (Type or Print)
a. (First) Daniel b. (Middle) G. c. (Last) Van Leuven

4. DATE OF DEATH (Month) (Day) (Year)
July 16 1951

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Mar. 23 1869
9. AGE (In years last birthday) 82
UNDER 1 YEAR Months Days # UNDER 100 Hrs. Min.

11. BIRTHPLACE (State or foreign country) U St. Joseph Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith (Retired)
10b. KIND OF BUSINESS OR INDUSTRY

13a. FATHER'S NAME Daniel D. Van Leuven
13b. MOTHER'S MAIDEN NAME Mary Unknown
14. NAME OF HUSBAND OR WIFE Emma Van Leuven

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Van Leuven, 6918 Nat. Bridge

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
**This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lining
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 6 Mos
20. AUTOPSY? *YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 150.1

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from July 9, 1951, to July 16, 1951, that I last saw the deceased alive on July 16, 1951, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. 2202 University Hl.

23b. ADDRESS 2202 University Hl.

23c. DATE SIGNED 7/18/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/19/51

24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis Co Mo.

DATE REC'D BY LOCAL REG. 7-19-51

REGISTRAR'S SIGNATURE Robert P. Donke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.

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

Dr. A. Gundlach,
2202 University St.

(1-4)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Albert R. Thompson

Signed.....

Student Embalmer

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