

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40204

State File No.

XC-56 03 568

REG. FILED NOV 16 1951

REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3670

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS., MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'FALLON	
c. LENGTH OF STAY (In this place) 18 DAYS		d. STREET ADDRESS (If rural, give location) RR #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LEONARD b. (Middle) J. c. (Last) CESAR			4. DATE OF DEATH (Month) (Day) (Year) 11-12-51		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-27-20	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BELLEVILLE, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOSEPH CESAR			
13b. MOTHER'S MAIDEN NAME OLIVIA WRIGHT		14. NAME OF HUSBAND OR WIFE JUNELLA CESAR			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) (If yes, give year or dates of service) YES WW-II		16. SOCIAL SECURITY NO. 36039927		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. DATE OF OPERATION			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LAENNAC'S CIRRHOSIS INTERVAL BETWEEN ONSET AND DEATH 1.1 MOS 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. THROMBOCYTOPENIC PURPURA		
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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) VA - - - m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-25-51, 1951, to 11-12-51, 1951, and that death occurred at 5:25 A. m., from the causes and on the date stated above.

23a. SIGNATURE VA Jones		(Degree or title) M.D.		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	
23c. DATE SIGNED 11-12-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-12-51	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) O'Fallon, Ill.			

DATE REC'D BY LOCAL REG. 11-13-51		REGISTRAR'S SIGNATURE Albert R. Lombrone		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 500
10.48

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
Student Embalmer

Student Embalmer No.

Signed.....

Licensed Embalmer No. 3653

P. O. Address.....

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.