

FILED FEB 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2551
Registrar's No. 0780

BIRTH NO. 55436-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St Louis 2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Univ Hospital #1		d. STREET ADDRESS (If rural, give location) 25 816 N 9th Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) LEONARD	b. (Middle) WESLEY	c. (Last) APPLE, JR.	JAN. 24, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug 5 1951	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Louis Missouri	
13a. FATHER'S NAME Leonard Apple		13b. MOTHER'S MAIDEN NAME Doris Foster		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Leonard Apple 816 N 9th Street	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 491X	
22. I hereby certify that I attended the deceased from 1-22-52, 19__, to 1-24-52, 19__, that I last saw the deceased alive on 1-24-52, 19__, and that death occurred at 2:15A m., from the causes and on the date stated above.					
23a. SIGNATURE Robert L. Korn M.D.			23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 1-24-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-26-52	24c. NAME OF CEMETERY OR CREMATORY St. Matthews		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 25 1952 J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home 1926 Allen Av.		ADDRESS	

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

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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Dale A. Gammann

Licensed Embalmer No. 4533

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.