

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37760

State File No.

No. 300
10. 48

DEC 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1289</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. St. Josephs Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>726 S. 15th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leonard</u>		b. (Middle) <u>August</u>		c. (Last) <u>Papst</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 6, 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>August 19, 1899</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Terminal Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Papst</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Zerbst</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Ames</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>712-01-5257</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Papst, 728 S. 15th St. Joseph, Mo.</u>				ADDRESS	
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) <u>Myocardial Insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>410X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) (Min.)		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 <u>Dec 6, 1952</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:15 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. W. T. Adkins M.D. 3rd. Cr.</u>				23b. ADDRESS <u>703 S. 13 St. Joseph Mo</u>		23c. DATE SIGNED <u>12-7-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/10/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Castel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u>		ADDRESS <u>Funeral Home St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1117
3
12-01
257

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 _____

Jane P. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 So 10th St. York

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.

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