

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

State File No. **22982**
Registrar's No. **5599**

FILED JUN 30 1953

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 3 years		d. STREET ADDRESS (If rural, give location) 4500 Washington Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Good Samaritan Home		12 12	

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) c. (Last) Leadtke			4. DATE OF DEATH (Month) (Day) (Year) June 4 1953		
---	--	--	---	--	--

5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Feb. 21, 1879		9. AGE (In years last birthday) 74 3 13 13		10. UNDER 1 YEAR 3 13		11. UNDER 1 MO. 13	
--	--	--------------------------------------	--	--	--	--	--	---	--	--	--	----------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer			10b. KIND OF BUSINESS OR INDUSTRY Schreve Farm			11. BIRTHPLACE (City and State or Foreign Country) Russia			12. CITIZEN OF WHAT COUNTRY? Russia		
--	--	--	--	--	--	---	--	--	---	--	--

13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE None		
--	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Meier, Creve Coeur, Mo.				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						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) auricular fibrillation							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic Heart Disease							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 4200	
---	--	--	--	--	--	---	--

22. I hereby certify that I attended the deceased from 2/9, 1953, to 6/4, 1953, that I last saw the deceased alive on 5/18, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Bergman		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 6/5/53	
--	--	--	--	---------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 6/52		24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery,		24d. LOCATION (City, town, or county) (State) Bellefontaine, Mo.	
--	--	-----------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. JUN 5 1953		REGISTRAR'S SIGNATURE H. C. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo.		ADDRESS	
---	--	--	--	--	--	----------------	--

WRITE PLAINLY—USING UNFADING BLACK INK

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

Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Balleria, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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