

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

State File No. **26976**
Registrar's No. **6315**

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis Mo		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 Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo	
c. LENGTH OF STAY (In this place) 3, Days		d. STREET ADDRESS (If rural, give location) 10 3221a Kosuth	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION City, Infirmiry Hospital			

3. NAME OF DECEASED. (Type or Print) Alford Van Leuven			4. DATE OF DEATH (Month) (Day) (Year) 6 20 53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-9-1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR (Months) (Days) 2 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 (City and State or foreign Country) St. Louis, Mo.	
13a. FATHER'S NAME David VanLeuven		13b. MOTHER'S MAIDEN NAME Mary?		14. NAME OF HUSBAND OR WIFE ?	

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 Hospital Records	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<p align="center">MEDICAL CERTIFICATION Generalized Arteriosclerosis</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac and cerebral</p> <p>ANTECEDENT CAUSES damage.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500		

22. I hereby certify that I attended the deceased from **6/18**, 19**53**, to **6/20**, 19**53**, that I last saw the deceased alive on **6/20**, 19**53**, and that death occurred at **7:35PM** m., from the causes and on the date stated above.

23. SIGNATURE Palmer Prunne Bivish M.D. (Degree or title)		23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 6-21-1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 6-25-53		24c. NAME OF CEMETERY OR CREMATORY City Crematory	
		24d. LOCATION (City, town, or county) 5600 Arsenal St.		(State) _____	

DATE REC'D BY LOCAL REG. JUN 24 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE J. Ryan	
				ADDRESS 5600 Arsenal St.	

M 9 B (Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.