

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42809

1003

STATE FILE NUMBER

11784

Registration District No. 318 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND ST. LOUIS, MO			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL			Length of stay in 1b 52 DAYS		c. CITY OR TOWN FARMINGTON	
					d. STREET (If outside, give location) ADDRESS 407 E. COLUMBIA	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First Middle Last LEON W CALER			Month Day Year 12-22-56			
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	
MALE	WHITE	WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	2-25-18	38	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
PIPE FITTER					FARMINGTON, MISSOURI	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
PETER J CALER			SALLY NEAL			
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 Address	
YES WW 2			498-07-5253		MISSOURI VA HOSP. RECORDS. 915 N. GRAND ST. LOUIS	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY ADEMA						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
DUE TO (b) AORTIC INSUFFICIENCY AND HEART FAILURE.						
DUE TO (c) BACTERIAL ENDOCARDITIS						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CIRRHOSIS OF THE LIVER						430.0
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		STATE
				CITY		STATE
21. I attended the deceased from 11-1-56 to 12-22-56 and last saw him/her alive on 12-22-56 Death occurred at 11:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title)			22b. ADDRESS		22c. DATE SIGNED	
Julien Bahr M.D.			VAH. ST. LOUIS, MISSOURI		12-22-56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
removal		12-23-56				Farmington, Mo.
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
Cozean, Farmington, Mo.			DEC 24 1956		Earl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

DEC 4 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Homer W. [Signature]*

Licensed Embalmer No... 3

P. O. Address: *St. J*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
- to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.