

**FILED** OCT 23 1970

12470 0043564

**CERTIFICATE OF DEATH**

Registration District No. **317** Primary Registration District No. **500** Registrar's No. **4329**

DO NOT WRITE ON THIS STUB

9. **0**

10a. **79**

10b.

11. **0**

12. **1**

13. **4123**

14. **1**

15. **4**

16.

17.

18. **0**

19. CREDITS

20.

VS 300  
Rev. 1/70

4. **4000**

5. **41**

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

|  |  |  |  |  |  |   |
|--|--|--|--|--|--|---|
| DECEASED—NAME FIRST MIDDLE LAST  |  |  | SEX  | DATE OF DEATH (MONTH, DAY, YEAR)                     |  |   |
| 1. Charles W. Leonard  |  |  | 2. Male  | 3. 10-17-70  |  |   |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)   |  | AGE—LAST BIRTHDAY (YEARS)  | UNDER 1 YEAR   | DATE OF BIRTH (MONTH, DAY, YEAR)                     |  | COUNTY OF DEATH   |
| 4. White   |  | 5a. 79   | 5b. MOS. 5c. HOURS 5d. MIN.  | 6. 2-1-91  |  | 7a. St. Louis   |
| CITY, TOWN, OR LOCATION OF DEATH   |  |  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)          |  |  |   |
| 7b. Koch   |  |  | 7d. Robert Koch Hospital, Koch, Mo.  |  |  |   |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)  |  | CITIZEN OF WHAT COUNTRY  |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  |  | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)  |
| 8. Missouri  |  | 9. U.S.A.  |  | 10. Married  |  | 11. Irene Fowler  |
| SOCIAL SECURITY NUMBER   |  |  | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) |  | KIND OF BUSINESS OR INDUSTRY   |   |
| 12. 493-03-8977 A  |  |  | 13a. Miner   |  | 13b. Lead Mines  |   |
| RESIDENCE—STATE  |  | COUNTY   | CITY, TOWN, OR LOCATION  |  | INSIDE CITY LIMITS (SPECIFY YES OR NO)                                     | STREET AND NUMBER   |
| 14a. Missouri  |  | 14b. St. Francois  | 14c. Desloge   |  | 14d. yes   | 14e. 607 S. Harry Jr.   |
| FATHER—NAME FIRST MIDDLE LAST  |  |  | MOTHER—MAIDEN NAME FIRST MIDDLE LAST   |  |  |   |
| 15. John Leonard   |  |  | 16. Martha Gibbins   |  |  |   |
| INFORMANT—NAME   |  |  | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)                       |  |  |   |
| 17a. Robert Koch Hosp. Record  |  |  | 17b. Robert Koch Hosp. Koch, Mo. 63054   |  |  |   |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))   |  |  |  |  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  |
| 18. IMMEDIATE CAUSE  |  |  |  |  |  |   |
| (a) Acute Congestive Heart Failure   |  |  |  |  |  | 1 day   |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |  |  |   |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST  |  |  |  |  |  |   |
| (b) Arterio-Sclerotic Heart Disease  |  |  |  |  |  | ? Years   |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |  |  |   |
| (c)  |  |  |  |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)   |  |  |  |  |  | AUTOPSY (YES OR NO)   |
| Diabetes mel. Pulmonorya Tbc. Suspect.   |  |  |  |  |  | 19a. NO   |
| IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH  |  |  |  |  |  | 19b.  |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)   |  |  | DATE OF INJURY (MONTH, DAY, YEAR)  | HOUR   | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |   |
| 20a.   |  |  | 20b.   | 20c.   | 20d.   |   |
| INJURY AT WORK (SPECIFY YES OR NO)   |  | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)   |  | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) |  | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS  |
| 20e.   |  | 20f.   |  | 20g.   |  | 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.             |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM  |  | MONTH DAY YEAR   | MONTH DAY YEAR   | AND LAST SAW HIM/HER ALIVE ON                        | I DID/DID NOT VIEW THE BODY AFTER DEATH.                                   | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |
| 21a. 9-14-70   |  | 21b. 10-17-70  |  | 21c. 10-17-70  | 21d. Did   | 21e. 9:45 A.M.  |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. |  |  |  |  |  |   |
| 22a. 9:45 A.M.   |  |  |  |  |  | 22b. 10-17-70   |
| 22c. 9:45 A.M.   |  |  |  |  |  |   |
| CERTIFIER—NAME (TYPE OR PRINT)   |  |  | SIGNATURE  |  | DEGREE OR TITLE  | DATE SIGNED (MONTH, DAY, YEAR)  |
| 23a. Albert Kaplan M.D.  |  |  | 23b. Albert Kaplan M.D.  |  | 23c. M.D.  | 23d. 10/17/70   |
| MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)   |  |  |  |  |  |   |
| 23e. Robert Koch Hospital, Koch, Mo. 63054   |  |  |  |  |  |   |
| BURIAL, CREMATION, REMOVAL (SPECIFY)   |  | CEMETERY OR CREMATORY—NAME   |  | LOCATION (CITY OR TOWN, STATE)                       |  |   |
| 24a. Removal   |  | 24b. Parkview Cemetery   |  | 24c. Farmington, Mo.                                 |  |   |
| DATE (MONTH, DAY, YEAR)  |  | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) |  |  |  |   |
| 24d. 10-20-70  |  | 24e. C.Z. Boyer & Son Funeral Home, Desloge, Mo.                               |  |  |  |   |
| FUNERAL DIRECTOR—SIGNATURE   |  |  | REGISTRAR—SIGNATURE  |  | DATE RECEIVED BY LOCAL REGISTRAR   |   |
| 25a. Lawrence G. Meyer   |  |  | 25b. John W. Murphy M.D.   |  | 25c. OCT 19 1970   |   |

Type or print in PERMANENT BLACK INK. See handbook for instructions.

NOV 4 1970

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert E. Mahlerman

Licensed Embalmer No. 4916  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.