

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

22336

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. 2546 Warren St.)

File No. |

6522

Registered No. |

St. ....

Ward)

**2. FULL NAME**

Thomas Leahy

(a) Residence. No. ....

(Usual place of abode)

St. ....

Ward. ....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Ellen Leahy

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 22<sup>nd</sup> 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

0

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Stationary Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

10. NAME OF FATHER

David Leahy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Theresa Stanton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

PARENTS

14.

INFORMANT (Address)

Mrs. Ellen Leahy  
2546 Warren St.

15.

FILED

23

19

Wm. C. Stanley

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 20 1928

17.

I HEREBY CERTIFY, That I attended deceased from

23

19.28.

to

June 20

19.28.

that I last saw him alive on June 16, 1928, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis

9013

CONTRIBUTORY (SECONDARY)

Atherosclerosis

(duration) 5 yrs.

mos.

(duration) 5 yrs.

mos.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No.

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Electrocardiogram + clinical

(Signed)

Peter Juholske

M. D.

6/20, 1928 (Address)

455 N. Taylor

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cemetery

6-23 1928

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2037 Main St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Wm. T. L. L. L. L.

453 71 Gay Lane

Dec 28 41