

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

Do not use this space.

**35736**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City *St. Louis, Mo.* (No. *Sanitarium*) St. .... Ward)

File No. ....  
 Registered No. **10214**  
 St. .... Ward)

**2. FULL NAME** *Edwin Leach*  
 (a) Residence, No. *1332 So 7th* St. *13* Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *26 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** *Annie Leach*

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** *Sept. 7 - 1868*

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
	<i>63</i>	<i>-</i>	<i>25</i>	

<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.</b> <i>Laborer &amp; Clerk</i>	<b>11. Total time (years) spent in this occupation</b> <i>unknown</i>
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <i>Unknown</i>	
	<b>10. Date deceased last worked at this occupation (month and year)</b> <i>unknown</i>	

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Unknown Indiana*

**13. NAME** *Unknown*

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Indiana*

**15. MAIDEN NAME** *Unknown*

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Indiana*

**17. INFORMANT (ADDRESS)** *W.F. McNamee M.D. 5400 Arsenal St.*

**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** *St. Matthews Oct 6 1931*

**19. UNDERTAKER (ADDRESS)** *Wm. Langhin 1631 Mission Ave*

**20. FILED** *OCT - 5 1931* Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *Oct 2nd 1931*

**22. I HEREBY CERTIFY**, That I attended deceased from *July 1st 1930*, to *Oct 2nd 1931*  
 last seen alive on *Oct 2nd 1931*. Death is said to have occurred on the date stated above, at *6:23 p.m.*

The principal cause of death and related causes of importance were as follows:

*General Paralysis of Insane (Syphilitic) 12/19/24*

Other contributory causes of importance:

Name of operation *GS* Date of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

**24. Was disease or injury in any way related to occupation of deceased?** .....

If so, specify *William F. McNamee, M.D.*  
 (Signed) *William F. McNamee*, M. D.  
 (Address) *5400 Arsenal 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.

100

100

100