

MAY 25 1939

REC'D JUN 8 1939

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

19790
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 111
 (c) City Rich. Hgts. (d) Street No. St. Mary's Hospital Registered No. 947
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William J. Leahy,
 (a) Residence, No. 5622 Delmar Blvd. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>81</u>	<u>1</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as saw mill, bank, etc. City Water Dept.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 3

FATHER
 13. NAME Jeremiah Leahy 5
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
 15. MAIDEN NAME Mary Sullivan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Miss Elinor Leahy
5622 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 5-26-39, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cullinane Brothers
1710 N. Grand Blvd.

20. FILED MAY 25 1939 J.R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1939, to May 23, 1939
 last saw him alive on May 23, 1939 Death is said to have occurred on the date stated above, at 2.15 P.M.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia
acute dilatation of heart.
 Other contributory causes of importance: 93C
chronic myocarditis

Name of operation no Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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? no
 If so, specify no
 (Signed) D. A. Thomson, M. D.
 (Address) 312 N Grand

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.

MISSOURI BOARD OF HEALTH
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

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 this body is not embalmed, above space should be left blank.