

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **560**

560
560

Registration District No. **7033**

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: **2033** FILED FEB 17 1940
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Firmin Desloge Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **University City, Mo. NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **6245 Olive St. Road**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **000 Michael Leahy**
(b) If veteran, name war **no**
(c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Nora Leahy** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **Mar. 31, 1864.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 **9** **18** hr. min.

9. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business _____

MOTHER FATHER
12. Name **Jerry Leahy**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Sullivan**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Nora Leahy**
(b) Address **6245 Olive St. Road**

17. (a) **burial** (b) Date thereof **Jan. 22/40.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Jas. W. Clark**
(b) Address **1125 H. Mediamont Ave., 4111**

19. (a) **JAN 20 1940** (b) **J. F. Bradlock**
(Date of registration) (Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **1** day **12**
year **1940** hour **3** minute **40** a. M.
21. I hereby certify that I attended the deceased from **5-15**
1-18 to **1-18**, 19**40**
that I last saw him alive on **1-18**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **congestive HF failure**
Arteriosclerosis - Generalized
Due to **DIABETES MELLITUS**
ARTERIOSCLEROSIS
Due to **ARTERIOSCLEROSIS**
Other conditions **DIABETES MELLITUS**
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy **ARTERIOSCLEROSIS**
CORONARY SPLENIC & RENAL
INFARCTS

Duration **UNCERTAIN**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Henry G. Oberheiser** (M. D. or other) **MD**
Address **1325 S. Grand Blvb.** Date signed **1/19/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FORM NO. 1 (1931)

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.....

Licensed Embalmer No. *1661*.....

P. O. Address. *1125 Hodinson*.....

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.