

Registration District **1150 DEC 11 1940** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(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 St. Anthony's Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days.  
In this community 60 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town Brentwood, . (If outside city or town limits, write "RURAL") N.R.  
(d) Street No. 8618 Henrietta Ave. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Frank H. Leacock.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-12-7674

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Madge Leacock. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 5, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Sporting Goods. 9

11. Industry or business DEPARTMENT MANAGER

12. Name Frank Leacock. 7

13. Birthplace Dont Know.  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Anselm.

15. Birthplace Switzerland,  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Madge Leacock.

(b) Address 8618 Henrietta Ave.

17. (a) Burial (b) Date thereof 11-25-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnell

(b) Address 3840 Lindell Blvd. S.

19. (a) NOV 23 1940 (b) J. F. Beatch  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd.  
year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11/15  
1940 to 11/22, 1940  
that I last saw him alive on 11-22-40, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death uremia from Nephritis Chronic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions arterio Sclerosis  
(Include pregnancy within 3 months of death)

Major findings: not  
Of operations \_\_\_\_\_

Of autopsy not

Duration 4 days 6 hrs  
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) not

(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 W. V. Gustaf (M. D. or other) \_\_\_\_\_

Address 2739 N. Grand Date signed 11/22/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*of record  
M.C.*

**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.....

*W.H. Van Matre*

Licensed Embalmer No. ....

*2825*

P. O. Address.....

*4340 Lafayette*

**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, fact should be so stated above.**