

Registration District No. **791**

Primary Registration District No.

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:
3700 N. Broadway
(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 **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **1726**
(d) Street No. **3700 N. Broadway**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Robert Joseph Leamy**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Eleanore Leamy** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **Febr. 11 1906**
(Month) (Day) (Year)

8. AGE: Years **35** Months **2** Days **6** If less than one day hr. min.

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

10. Usual occupation **Fireman**
11. Industry or business **St. Louis Fire Dept.**

12. Name **Peter C. Leamy**
13. Birthplace **Penn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Coyne**
15. Birthplace **Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eleanore Leamy**
(b) Address **3700 N. Broadway**

17. (a) **Burial** (b) Date thereof **4-21-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **1905 Union Blvd.**

19. (a) **APR 19 1941** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **17**
year **1941** hour **6:20** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Carbolic Acid Poisoning**
self administered at his home 3721a N. Broadway, on April 17, 1941.
Due to **exact time unknown.**

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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) **Suicide**

(b) Date of occurrence **April 17, 1941**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Alfred J. Perry** (M. D. or other) _____
Date signed **4/19/41**

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

63
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17
9

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.....

Warren P. Carve

Licensed Embalmer No.

3534

P. O. Address.....

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.