

**RUB AUG 28 1941**  
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5453**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Alexian Brothers Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **one week**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days **0**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3706 Ohio Avenue**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **30** day **June**  
year **1941** hour **7:30** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **June 23** 19**41**, to **June 30** 19**41**  
that I last saw him alive on **June 30** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cardiac Failure**

Due to \_\_\_\_\_  
Due to **Chr. Myocarditis**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **none**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **John E. Leahy,**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **494-01-7210**

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased **1872** **10** **29**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **9** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Engineering Sup. Salesman**

11. Industry or business \_\_\_\_\_

12. Name **Maurice Leahy**

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

14. Maiden name **Mary Hanly**

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

16. (a) Informant **James Leahy**

(b) Address **3844 Iowa Avenue**

17. (a) **burial** (b) Date thereof **7-3-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter and Paul**

18. (a) Signature of funeral director **John H. Libben Sons**

(b) Address **2630 Gravois Av**

19. (a) **JUL 2 1941** (b) **J. F. Zudek**  
(Date received local registrar) (Registrar's signature)

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

2-40  
-39  
23159

**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: *Robert F. Gebken*

Licensed Embalmer No. *4144*

P. O. Address *2630 Gravois Avenue*

**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.**