

S. No. 2
1-1-44
7. 5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8864
Registrar's No. 2380

FILED APR 13 1942 1

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 days (Specify whether
In this community 34 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Adams 999
(c) City or town 1424 N. 5th. St., Quincy 110
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) NR
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME William Gray Leighton
3. (b) If veteran, 1907 to 1910 3. (c) Social Security
name war Served in Cuba No. _____

4. Sex M 0 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hallie A. Leighton
6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased June 5 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 9 11 hr. min.

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

10. Usual occupation Hair stylist

11. Industry or business Beauty Parlor

12. Name Noah Leighton

13. Birthplace ? Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Claire Irwin

15. Birthplace De Soto Mo
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address 1424 N. 5th. St., Quincy, Ill.

17. (a) Removal (b) Date thereof Mar. 16 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy, Illinois

18. (a) Signature of funeral director _____

(b) MAR 16 1942 WEBSTER FUNERAL HOME, INC

19. (a) _____ (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1942 hour 3 minute 25 A. M.
21. I hereby certify that I attended the deceased from February
19, 1942, to March 16, 1942.
that I last saw him alive on March 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Putrid empyema thoracis, et
Due to Post-op. pneumonectomy et
Bronchiogenic carcinoma et
Other conditions
(include pregnancy within 3 months of death)

Major findings:
Of operations Bronchiogenic CA; et
Of autopsy above + pneumonia left lung

Duration
PHYSICIAN
Underline the cause to which death should be charged

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 JR Bradley (M. D. or other) _____
Address BARNES HOSPITAL Date signed _____

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

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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.....

Wm H. Fitzinger....., Registered Apprentice No. *315*
working under my personal supervision.

Signed *G. W. Wilkins*.....

Licensed Embalmer No. *3575*.....

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.