

No. 2  
1-4-4  
5-17-4  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19756

State File No. \_\_\_\_\_

JUL 30 1942 791

Registrar's No. 5960

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis Maternity Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day 13 1/2 Hrs.  
(Specify whether  
In this community 1 Day 13 1/2 Hrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 5020 Thekla Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Infant Male Leahy

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 Single

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

7. Birth date of deceased July 11 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
1 13 1/2 hr. min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name Wilfred John Leahy

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Veronica Margaret Mollinco

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis Maternity Hospital

(b) Address 630 S. Kingshighway

17. (a) \_\_\_\_\_ (b) Date thereof 7-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John A. Genteman

(b) Address 5203 Palm

19. (a) JUL 14 1942 (b) J. J. Bredek  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1942 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 11, 1942  
7:15 am to July 12, 1942  
8:45 am 1942  
that I last saw h. in alive on July 12, 1942, 8:45 am  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory arrest Duration \_\_\_\_\_

Due to Prematurity

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

Other conditions (Include pregnancy within 3 months of death) 151

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Rudley R. Smith (M. D. or other)

Address 1952 Maryland Ave. Date signed 7/14/42

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

06  
17  
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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.....

*Not embalmed*, Registered Apprentice No.....  
working under my personal supervision.

*John A. Gentlemen*

Signed.....

Licensed Embalmer No.....

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.**