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FILED AUG 20 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25993

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6668

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

91

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: 827 Koeln Ave. (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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 915 (If outside city or town limits, write "RURAL")

(d) Street No. 3734 Ray Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James August Leahey

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 Jany. (Month) 28 (Day) 1880 (Year)

8. AGE: Years 62 Months 6 Days 7 If less than one day hr. min.

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

10. Usual occupation Electrician

11. Industry or business

FATHER
12. Name James William Leahey
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ellis Neiderhof
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Henry E. Bartling

(b) Address 309 N. Columbus St. Pacific Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4452 Washington Bl.

19. (a) AUG 7 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1942 hour 7 minute 04 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal Hemorrhage from Laceration of both ~~[illegible]~~ Lungs Subarachnoid Hemorrhage of Brain When he was struck by a Missouri Pacific Switch Engine on the Missouri Pacific Railroad tracks about 50 feet North west of Koeln St. Pacific Mo. 8/5/42

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Charles Reynolds fireman and Robert Reynolds engineer

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) Accident

(b) Date of occurrence St. Louis Mo.

(c) Where did injury occur? 8/5/42 (City or town) 000 (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)

While at work? (e) Means of injury

23. Signature James J. F. [illegible] (M. D. or other) 8/6/42

Address 1300 Clark Ave. Date signed 8/6/42

(Licensed Embalmer's Statement on Reverse Side)

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 John Keller

Licensed Embalmer No. 9880

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, above space should be left blank.