

FILED APR 9 1943 18

Registration District No.

Primary Registration District No.

1003

Registrar's No. 2956

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:
5039 Durant Ave. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 Years (Specify whether
 In this community 60 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5039 Durant Ave.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME William E. Leach

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or Race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Emma Agnes Leach 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sent. 23rd., 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>4</u>	<u>0</u> hr. <u>0</u> min.

9. Birthplace Ind. /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Cigar Salesman

11. Industry or business Andrew Leach

12. Name Andrew Leach

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Unk. Masson

15. Birthplace Canada 2
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Agnes Leach

(b) Address 5039 Durant Ave.

17. (a) Burial (b) Date thereof 3-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Kowalski
 (b) Address 3840 Lindell Blvd.

19. (a) MAR 30 1943 (b) J. F. Beddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th. 1943
 year 1943 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from 11-4 to 3-27, 1943
 that I last saw him alive on 3-27 and that death occurred on the date and hour stated above.

Immediate cause of death Subtesticular obstruction

Due to 177
 Due to 177
 Other conditions paralysis of bladder
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 0
 Of autopsy 0

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) 0
 (b) Date of occurrence 0
 (c) Where did injury occur? 0
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place)
 (e) Means of injury 0
 23. Signature J. F. Beddock (M. D. or other) MD
 Address 400 S. W. F. Linn Date signed 3/27/43

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

MOTHER FATHER

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.