V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19142

FILED MAY 22 1943

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 1139

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Glencoe (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: La Salle Institute 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution March 7, 1939 (Specify whether years, months or days)
In this community Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Glencoe (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. La Salle Institute
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Brother Leander William Joseph D. Heade
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
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 April (Month) 19 (Day) 1878 (Year)

8. AGE: Years 65 | Months - | Days 24 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Teacher
11. Industry or business
FATHER 12. Name John Heade
FATHER 13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name Ellen O'Connor
MOTHER 15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
16. (a) Informant Brother Hilary
(b) Address Glencoe, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 17 '43 (Month) (Day) (Year)
(c) Place: burial or cremation Glencoe, Mo.
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) MAY 15 1943 (Date received local registrar) (b) E. H. McFarland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1943 hour 11:05 minute P. M.
21. I hereby certify that I attended the deceased from May 7, 1943, to May 13, 1943, that I last saw him alive on May 13, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	5-7-43
Due to:	
Due to:	
Other conditions: chronic myocarditis (Include pregnancy within 3 months of death)	-

Major findings:
Of operations
Of autopsy 93d

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)
(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? (Specify type of place)
While at work? (e) Means of injury 5
23. Signature B. R. Loving (M. D. or other): M.D.
Address Ballwin, Mo. Date signed 5-14-43

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 384 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.