

FILED FEB 7 1945
Registration District No. 318

FEB 9 1945

Primary Registration District No. _____

1003

Registrar's No. _____

955

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Weeks
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3844 Iowa Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James D. 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 Widowed

6. (b) Name of husband or wife Edna Pearl

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January (Month)

11 (Day)

1875 (Year)

8. AGE: Years 70 Months 0 Days 17 If less than one day hr. _____ min. _____

9. Birthplace St. Louis (City, town, or county)

Missouri (State or foreign country)

10. Usual occupation Retired

Railroad Conductor

11. Industry or business _____

12. Name Maurice Leahy

13. Birthplace _____ (City, town, or county)

Ireland (State or foreign country)

14. Maiden name Lary Hanley

15. Birthplace _____ (City, town, or county)

Ireland (State or foreign country)

16. (a) Informant James T. Leahy

(b) Address 3844 Iowa Ave.

17. (a) Burial (b) Date thereof 1/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. Peter & Paul Cemetery

18. (a) Signature of funeral director John N. Gekken Sons

(b) Address 2630 Gravois Ave.

19. (a) JAN 30 1945 (Date received from registrar)

J. F. Bralock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th
year 1945 hour 11, 15 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from 4-10/44, 19____, to 1-28/45, 19____; that I last saw her alive on 1-28-45, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Stomach

Due to _____

Due to _____

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

Major findings:

Of operation Anterior gastro-enterostomy
or 12-26-44
Of autopsy yes

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Joseph P. Ferris (M. D. or other) _____
Address 2630 Gravois Date signed 1/29/45

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

823

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address: 2630 Javoyis Ave.

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.