S. No. 2
M—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1945

State File No. 31577

Registration District No. 933 Primary Registration District No. 3074 Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 303 S. Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 9 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Scott
(c) City or town: Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 303 S. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: EGBERT OSWALD LEEK
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: Aug (Month) 23 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
72	0	9	hr. ..... min.

9. Birthplace: Metropolis (City, town, or county) Ill (State or foreign country)
10. Usual occupation: Mercantile business
11. Industry or business: Hardware Store
FATHER
12. Name: John H. Leek
13. Birthplace: (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name: Jennie Baker
15. Birthplace: (City, town, or county) Ill (State or foreign country)
16. (a) Informant: Mrs H.O. Sexton
(b) Address: Sikeston Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Sikeston Mo
18. (c) Signature of funeral director: Welch Funeral Home
(b) Address: Sikeston Mo
19. (a) 9-11-45 (Date received local registrar) (b) Mrs T.F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1945 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from 5-18-44, 19..., to 9-2, 1945; that I last saw him alive on 9-2-45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Edema	
Due to:	
Due to: Chronic myocarditis	
Other conditions: Angina pectoris (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 940

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:
23. Signature: E. D. Urban (M. D. or other) M.D.
Address: Sikeston Mo Date signed 9-11-45

1474

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1045-3072
Date Filed 10-1-45

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.....

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.