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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1946
Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 14935
Registrar's No. 3614

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

1. PLACE OF DEATH:
(a) County... **St. Louis, Missouri**
(b) City or town...
(c) Name of hospital or institution:
3676 Wilmington /
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... **Missouri** (b) County... **000**
(c) City or town... **St. Louis**
(d) Street No. **3676 Wilmington**
(e) Citizen of foreign country? **1/7**
If yes, name country... **9**
0

3. (a) PRINT FULL NAME **David Leahy**
3. (b) If veteran, name war. **None**
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **19th**
year **1946** hour **3** minute **30.0** M.

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 **September 4, 1873**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **3/9-42** 19 **46**
that I last saw him alive on **4-10** 19 **46**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 **7** **15** hr. min.

Immediate cause of death **Chronic myocarditis**
Due to _____
Due to _____
Other conditions **Demerol**
(Include pregnancy within 3 months of death)

9. Birthplace **St. Iowa, Missouri**
10. Usual occupation **Retired 9 Yrs. Utility Man**

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name **Michael Leahy**
13. Birthplace **Ireland**
14. Maiden name **Mary Miles**
15. Birthplace **Ireland**

16. (a) Informant **Miss Catherine Leahy**
(b) Address **3676 Wilmington**
17. (a) **Burial** (b) Date thereof **4-22-46**
(c) Place: burial or cremation **Mt. Olive Cemetery Southern Funeral Home**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **6322 S. Grand Blvd.**
(b) Address
19. (a) **APR 19 1946** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

23. Signature **Joseph C. Harris** (M. D. or other) **4/19/46**
Address **406 S. 90 Grand** Date signed

Dr. J. L. Harris
40.65 Grand
16 3 P.M.

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 *J. Wm. Binkley*
Licensed Embalmer No. *3653*
P. O. Address *St. Louis, Mo.*

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.