

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21946

State File No. _____
Registrar's No. **5321**

FILED JUN 26 1946
Registration District No. **318** Primary Registration District No. **1003**

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:
2326a Benton St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **42 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2326a Benton St.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Cliff Leach**
3. (b) If veteran, name war **No** 3. (c) Social Security No. _____
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nora Alta Leach** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **May 23, 1879.**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **13th**
year **1946** hour **3:00** minute **P.** M.
21. I hereby certify that I attended the deceased from **May 10, 1946** to **June 13, 1946**.
that I last saw him alive on **June 13, 1946** and that death occurred on the date and hour stated above.

8. AGE: Years **67** Months **0** Days **20** If less than one day hr. _____ min. _____

Immediate cause of death **Metastatic, Pulmonary Carcinoma**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace **Bonaparte, Iowa** (City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**
11. Industry or business **Box & Lumber Co.**
12. Name **Frank N. Leach**
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Augustine Murphy**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
W. H. [Signature]

16. (a) Informant **Mrs. Nora Alta Leach**
(b) Address **2326a Benton St.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 17, 1946** (Month) (Day) (Year)
(c) Place: burial or cremation **Friedens Cemetery**
18. (a) Signature of funeral director **Calvin F. Feutz**
(b) Address **4828 Natural Bridge Blvd.**
19. (a) **JUN 15 1946** (Date received for burial) (b) **J. P. Bredeck** (Registrar's signature)

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) (e) Means of injury _____
3. Signature **W. H. [Signature]** (M. D. or other) _____
Address **2326a Benton St.** Date signed _____

(Licensed Embalmer's Statement on Reverse Side) **8201 N. Broadway**
6/15/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
20815

UJI 29 1346

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 Ralph C. Linder
Licensed Embalmer No. 4275
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.