

No. 2  
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5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11875**

FILED APR 3 1947

Registration District No. **3197**

Primary Registration District No. **6076**

Registrar's No. **733**

1. PLACE OF DEATH:

(a) County **Saint Louis**  
(b) City or town **Overland**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2506 East Milton Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME **Florence D. Leahey**

3. (b) If veteran, name war. **None** 3. (c) Social Security No. **None**

4. Sex **Female** 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 1 - 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**83 6 30** hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **John L. Leahey**

13. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jennie Douglas**

15. Birthplace **Belfast Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Blanche Leahey**

(b) Address **2506 East Milton, Overland, Mo.**

17. (a) **Cremation** (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Oak Grove Crematory**

18. (a) Signature of funeral director. **C.R. Lupton & Sons**

(b) Address **7233 Delmar Blvd.**

19. (a) **3-31-47** (b) **Arthur J. Hollen**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Overland**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **2506 East Milton**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31**  
year **1947** hour **7** minute **35** A. M.

21. I hereby certify that I attended the deceased from **Jan 10**, 19**47**, to **3-31**, 19**47**  
that I last saw her alive on **3-30** and that death occurred on the date and hour stated above.

Immediate cause of death **Bacterium of brain 1 yr.**

Due to..... **46 f**

Other conditions **Senility**  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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.....

23. Signature **Arthur J. Hollen** (M.D. or other) **M.D.**

Address **9621 Blackland** Date signed **3-31-47**

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

Dr. H. J. Kloecker  
9621 Lackland Road  
W. bash 1855

2-11  
H. J. Kloecker

**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 Clarence A. Murray  
Licensed Embalmer No. 4211  
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.**