No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29249

FILED SEP 2 1947

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7891

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5055a Vernon Avenue.,
(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

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. 5055a Vernon Avenue.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William McDonald Leek

3. (b) If veteran, name war: None

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Jennie Leek

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: November (Month) 25 (Day) 1866 (Year)

8. AGE: Years 80 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace: Rolla (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired Telegraph Operator

11. Industry or business: Frisco Railroad Lines

FATHER
12. Name: Richard Leek
13. Birthplace: Phelps County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mahala F. Miller
15. Birthplace: Phelps County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Jennie Leek
(b) Address: 5055a Vernon Avenue.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Newburg, Missouri

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.,

19. (a) AUG 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th year 1947 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from 7-14-47, 19..., to 8-16-, 1947 that I last saw him alive on 8-16-, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	9
Due to: Hypertention	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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: C. E. Cochran (M. D. or other) M.D.
Address: 5301 E. Easton Ave. Date signed 8-19-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.