S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33319

FILED OCT 14 '47

Registration District No. 3 77

Primary Registration District No. 6076

Registrar's No. 2069

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Admn. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Clinton 990

(c) City or town Boulder
(If outside city or town limits, write "RURAL")

(d) Street No. None shown
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME LEICHT, Hugh V.

3. (b) If veteran, name war WW-2

3. (c) Social Security No. 328-07-6455

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Mrs. Ruby Leicht

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased June (Month) 6 (Day) 1912 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	3	26	hr. min.

9. Birthplace Clinton, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar

(b) Address Jefferson Barracks, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Illinois Hill Crest Cemetary

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 10-6-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd year 1947 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from Sept. 13, 1947, to Oct. 2, 1947; that I last saw him alive on Oct. 2, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial hemorrhage

910

Contr. cause: Rheumatic heart disease; subacute bacterial endocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No autopsy

Duration

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 0

23. Signature L. E. Stilwell (M. D.)
L. E. STILWELL
Address Jefferson Barracks, Mo. Date signed 10/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1947 DEC 18 1947

JUL 23 1950

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 Ernest W. Gillard

Licensed Embalmer No. 4080

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.