

No. 2  
-1/47  
-17-39

FILED FEB 3 1948

Registration District No. 47

Primary Registration District No. 1000

Registrar's No. 101

1. PLACE OF DEATH:

(a) County: Buchanan  
(b) City or town: St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 1 hour  
(Specify whether  
In this community 19 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan  
(c) City or town: St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 923 Robidoux Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME: Harry Harrison Leigh

3. (b) If veteran, name war: None  
3. (c) Social Security No.: 491-24-9936

4. Sex: Male  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Anna Woods Leigh  
6. (c) Age of husband or wife if alive: 52 years  
7. Birth date of deceased: February 26 1895  
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 25 If less than one day hr. min.

9. Birthplace: Campbellsville Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation: Structural Steel Worker

11. Industry or business: St. Joseph Structural Steel Co.

12. Name: Edward Leigh

13. Birthplace: Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name: Lillie (Unknown)

15. Birthplace: Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Anna Woods Leigh

(b) Address: 923 Robidoux St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof: Jan. 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Auburn Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer

(b) Address: 1946 Colburn St., St. Joseph, Mo.

19. (a) 1-27-48 (b) E. L. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st  
year 1948 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 21  
1948 to Jan 21 1948  
that I last saw him alive on Jan 21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Rupture of  
Aortic Arch - Aneurysm; acute  
arteriosclerosis; Hypertension  
Due to: arteriosclerosis; Hypertension  
Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 30  
Of autopsy: as above

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?  
While at work? (Specify type of place)  
(c) Means of injury  
23. Signature: Harold J. Brunner (M. D.)  
Address: St. Joseph, Mo. Date signed: 1-23-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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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.....

*Albert C. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address..... St. Joseph, 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.