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1003

State File No. 35343
 9357

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY ST. LOUIS					
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS,		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) CLAYTON					
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL				d. STREET ADDRESS (If rural, give location) N.W. 7426 WYDOWN BLVD.					
3. NAME OF DECEASED (Type or Print) a. (First) JESSE		b. (Middle) W.		c. (Last) LEIGH.		4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 1, 1875			
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work during most of working life even if retired) Salesman, Insurance		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Taylorville, Illinois			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William L. Leigh.		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Bay B. Leigh.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bay B. Leigh; 7426 Wydown Blvd					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of both lungs, brain and liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Cecum DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 months 4 years	
19a. DATE OF OPERATION 9-13-44		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cecum Right Colectomy by Dr Nathan A. Womack				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in, about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 46					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X					
22. I hereby certify that I attended the deceased from July 1949 , to October 29, 1949 , that I last saw the deceased alive on October 29, 1949 , and that death occurred at 2:30P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) David M. Skilling, Jr. M.D.				23b. ADDRESS 4500 Olive Street		23c. DATE SIGNED 10-29-49			
24a. BURIAL, CREMATION REMOVAL (Specify) Crementation		24b. DATE 10/31/1949		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 31 1949		REGISTRAR'S SIGNATURE J. B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G.R. Lupton & Sons; 7233 Delmar Blvd.,					

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

9357

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.