

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

6433

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1414**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	c. LENGTH OF STAY (in this place) <b>50</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI BAPTIST HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>905 1/2 CLAYTON ROAD</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>ALFONZO</b> c. (Last) <b>LEAVY.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 11, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 25, 1872</b>	9. AGE (in years) (Last birthday) <b>77</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>- - -</b>	11. BIRTHPLACE (State or foreign country) <b>Palmyra, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James A. Leavy.</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Sanders.</b>	14. NAME OF HUSBAND OR WIFE <b>Estelle Leschen Leavy</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES W.W. I</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Estelle L. Leavy; 905 1/2 Clayton Road.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>3-5 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pyelitis (bilateral) mixed bacterial in nature</b> DUE TO (c) <b>Diabetes mellitus</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic heart disease</b> <b>congestive heart failure</b>		6 Mo 5 yrs 5 yrs 2 days AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>60001</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 1945**, to **Feb 11, 1950**, that I last saw the deceased alive on **Feb 10, 1950**, and that death occurred at **6:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ray David Williams</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>114 No Taylor St. Louis 8</b>	23c. DATE SIGNED <b>Feb 11, 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	24b. DATE <b>Feb. 14, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 14 1950</b>	REGISTRAR'S SIGNATURE <b>J B Sarater</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-10-0

10-10-0

*mt*

**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 *Clarence A. Murray*

Licensed Embalmer No. *4011*

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.