

S. No. 300
V. 10.48

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9396
State File No.

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

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Rock</u>		c. LENGTH OF STAY (in this place) <u>Entire life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Rock Township</u>		d. STREET ADDRESS (If rural, give location) <u>House Springs R.R. 5 mi. E of Hwy 30 near Rock Creek</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>House Springs PR #1</u>			d. STREET ADDRESS (If rural, give location) <u>House Springs R.R. 5 mi. E of Hwy 30 near Rock Creek</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u> b. (Middle) <u>MARY</u> c. (Last) <u>LEICHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/20/1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept 21-1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Fenton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth DeLoach</u>		14. NAME OF HUSBAND OR WIFE <u>Martin J. Leicht Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs Eleanor Halick House Springs</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(VERDICT OF JURY) BY HANGING BY HER OWN HAND</u> DUE TO (c) <u>OWN HAND</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>House Springs RR Jefferson Mo.</u>		
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?		
22. I hereby certify that I attended the deceased from <u>August 19 1950</u> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Daniel J. Mahoney</u> (Degree or title) <u>3</u>			23b. ADDRESS <u>Repts. Mo.</u>		23c. DATE SIGNED <u>3/20/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/23/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rock Creek Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 23/50</u>	REGISTRAR'S SIGNATURE <u>Mrs Ruth Jisco</u>		438	25. FUNERAL DIRECTOR'S SIGNATURE <u>Summer</u> ADDRESS - <u>House Springs Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED 3-27-60

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

MAY 12 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. Allen Davis Jr*

Licensed Embalmer No. 4053

P. O. Address St. Louis 4153 Manch.

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.