

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28403

2475

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2475	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 Month		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore		0180	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hosp. # 1				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED a. (First) HENRY b. (Middle) JEFFERSON c. (Last) LEONARD			4. DATE OF DEATH Aug. 31, 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 19, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ike Leonard		13b. MOTHER'S MAIDEN NAME Sarah Unknown		14. NAME OF HUSBAND OR WIFE Mary Alice			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME John Leonard, 6511 Mount, S t. Louis, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line, (a), (b), and (c) <i>See instructions on reverse side of certificate. Do not mean the mode of dying, such as heart failure, asthma, etc. (c) means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial Infarction				DUE TO (b) Arteriosclerotic Heart disease			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from Oct 23, 1949 , to Aug 21, 1950 , that I last saw the deceased alive on Aug 21, 1950 , and that death occurred 8:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE H. H. Keller M. D. (Degree or title)				23b. ADDRESS 3121 N Grand		23c. DATE SIGNED 9-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 2, 1950	24c. NAME OF CEMETERY OR CREMATORY C arson Hill		24d. LOCATION (City, town, or county) (State) Piedmont, Missouri		
DATE REC'D BY LOCAL REG. SEP 1 1950		REGISTRAR'S SIGNATURE J. B. Sarater		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, 2301 Lafayette ADDRESS			

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James R. Kupman
Licensed Embalmer No. 4550
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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 28403-50
Local Registrar's No. 7475

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....
....., who, upon..... oath, states that the original record of birth death
for Henry Jefferson Leonard died 8-31-1950, 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 3 should read Henry Jefferson Leonard

Instead of..... Henry J.

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Norman J. Joekel Fun. Dir
Relationship.

2301 Lafayette
Present Address.

Subscribed and sworn to before me this 13 day of September, 1950

My Commission expires 3-4-53 Paul P. Sobolew Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.