

FILED FEB 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 44188

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 10951

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	c. LENGTH OF STAY (in this place) <u>12-6-12-51</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ms. Pacific Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>659 Tuxedo 4511</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u>	b. (Middle) <u>G.</u>	c. (Last) <u>Leighton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-8-51</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 30, 1876</u>
9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>James Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fredway</u>	14. NAME OF HUSBAND OR WIFE <u>Dr. Wm. E. Leighton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DR. Wm. E. LEIGHTON Webster Groves</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>General Cerebral Sclerosis</u> <u>3 years</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Bronchiectasis</u> <u>18 years</u>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (d) <u>Myocardial infarction</u> <u>10 years</u>	
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)	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? <u>526X</u>	
22. I hereby certify that I attended the deceased from <u>Dec 6</u> , 1951, to <u>Dec 8</u> , 1951, that I last saw the deceased alive on <u>Dec 8</u> , 1951, and that death occurred at <u>7:50</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.P. Elmer Ditt</u>		23b. ADDRESS <u>Wm. P. Elmer 14611</u>	23c. DATE SIGNED <u>Dec 10</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>DEC-15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALHALLA Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>
DATE BY LOCAL REG-1 1951	REGISTRAR'S SIGNATURE <u>Paul Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker-Albrecht Funeral Home</u>	ADDRESS <u>St. Louis Mo</u>

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.....

Leslie Welch

Signed.....
Student Embalmer

Licensed Embalmer No. *4395*

P. O. Address *Wester Groves*

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.