

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6557

State File No.

FILED MAR 5 1952

318

1003

1374

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 admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 6441 Vermont 2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6441 Vermont			

3. NAME OF DECEASED (Type or Print) Harry W. Leeman			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1952		
a. (First)	b. (Middle)	c. (Last)			

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jun. 6, 1888	9. AGE (In years, last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME Charles Leeman		13b. MOTHER'S MAIDEN NAME W. Callicott		14. NAME OF HUSBAND OR WIFE Hazel Leeman			
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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 ADDRESS Mrs. Hazel Leeman 6441 Vermont			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>0.12. 52 fresh m. injury</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		
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? 331X		

22. I hereby certify that I attended the deceased from **2-12, 1952**, to **2-12, 1952**, that I last saw the deceased alive on **2-12, 1952**, and that death occurred at **1230⁰** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eugene H. Edle, M.D.		23b. ADDRESS 4971 Chippewa St		23c. DATE SIGNED 2-13-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-15-52		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 13 1952 <i>J. Earl Smith, M.D. & P.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 19 1952

DR. EUGENE EDELE
4971 CHIPPEWA

FL 3770

126.3

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 David Van Fossen

Licensed Embalmer No. 4282

P. O. Address 6322 S. Grand

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.