

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18240

State File No. \_\_\_\_\_

FILED JUN 6 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4480**

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. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township): <b>St. Louis</b> <b>2129</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5370 Pershing</b>		d. STREET ADDRESS (If rural, give location) <b>5370 Pershing</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HERBERT</b> b. (Middle) <b>STEWART</b> c. (Last) <b>LEONARD.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May - 12, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 8 1908</b>
9. AGE (In years last birthday) <b>43</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assistant; Director St. Louis Art Museum.</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Art Museum.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Fargo, North Dakota.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Herbert Gilson Leonard.</b>	
13b. MOTHER'S MAIDEN NAME <b>Frances Hubball.</b>		14. NAME OF HUSBAND OR WIFE <b>Dolores Leonard.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes, W.W. II.</b>		16. SOCIAL SECURITY NO. <b>I</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>R. F. Leonard, Washington D.C.</b>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Antecedent Causes</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Occlusion</b> DUE TO (c) <b>Airway Stenosis</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND 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)		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? <b>4201</b>			
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>11:51</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <b>1300 E. Calhoun</b>	
23c. DATE SIGNED <b>5-13-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation.</b>		24b. DATE <b>5/13/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.,</b>	
DATE REC'D BY LOCAL REG. <b>MAY 13 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
REGISTRAR'S SIGNATURE <i>[Signature]</i>		ADDRESS <b>C.R. Lupton &amp; Sons, 7233 Delmar Blvd.,</b>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

*Max Embalmed*