

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33156
8268

FILED SEP 25 1952
BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION 914a Buchanan Street.		d. STREET ADDRESS (If rural, give location) 26 914a Buchanan Street.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Edith c. (Last) Leach			4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1952		
--	--	--	--	--	--

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 23, 1872		9. AGE (In years last birthday) 80 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.		
---------------	--	------------------------	--	--	--	--------------------------------	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY?	
---	--	-----------------------------------	--	--	--	------------------------------	--

13a. FATHER'S NAME James E. Wharf		13b. MOTHER'S MAIDEN NAME Mary E. Allison		14. NAME OF HUSBAND OR WIFE Late Arthur Leach	
-----------------------------------	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Leach, 2626a Hebert Street.	
---	--	-------------------------	--	---	--

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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
--	--	--	--	---------------------------------	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:05 p. m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Jurek (Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/2/52	
--	--	-------------------------	--	-------------------------	--

24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery St. Louis, Missouri.		24d. LOCATION (City, town, or county) (State)	
---	--	-------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. SEP 2 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner Und. Co. 2223 St. Louis Av.	
-------------------------------------	--	---	--	---	--

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.

Not Embalmed.

Student
Student Embalmer

Signed *John P. Buchholz* _____

Licensed Embalmer No. *1674* _____

P. O. Address *2223 Schenck Ave* _____

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.