

No. 300
10. 48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41131**
Registrar's No. **3075**

BIRTH MO. _____ REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **500**

4008

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (In this place) 41 DAYS		d. STREET ADDRESS (If rural, give location) 1107 MONTGOMERY	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			

3. NAME OF DECEASED (Type or Print) JEREMIAH LEAHY		4. DATE OF DEATH (Month) (Day) (Year) 11-26-52	
a. (First)		b. (Middle)	
c. (Last)		5. SEX MALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	
8. DATE OF BIRTH 9-28-77		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and State or Foreign Country) DUBLIN, IRELAND		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME DENNIS LEAHY	13b. MOTHER'S MAIDEN NAME JULIA COCKOREN	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) YES SPAW	16. SOCIAL SECURITY NO. 848-03-6792	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS., MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LUNG, RIGHT		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) ATELECTASIS DUE TO CARCINOMA OF RIGHT LUNG		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 163X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **10-16-52**, 19**52**, to **11-26-52**, 19**52**, ~~from the time of death to the time of death~~ and that death occurred at **4:56 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <i>J. T. Kralinskas</i> J. T. KRALINSKAS, MD	23b. ADDRESS VAH JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 11-26-52
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-1-1952.	24c. NAME OF CEMETERY OR CREMATORY NATIONAL	24d. LOCATION (City, town, or county) (State) JEFF. BKS. MO.
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DATE REC'D BY LOCAL REG. 12-29-52	REGISTRAR'S SIGNATURE <i>Herbert R. Dombrowski</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Math Hermann & Son Inc.</i>	ADDRESS 2161 E Fair Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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 *Edmond A. McNeary*

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.