

8118

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAR 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 600

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>	
c. LENGTH OF STAY (in this place) <u>10 Years</u>		d. STREET ADDRESS (If rural, give location) <u>7339 Drexal Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7339 Drexal Drive</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>JAMES</u> c. (Last) <u>LEACOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 18 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-17-1863</u>	9. AGE (In years last birthday) <u>90</u>	# UNDER 1 YEAR Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President Leacocks Sporting Goods Co</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sandwich, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

11. BIRTHPLACE (State or foreign country) <u>Sandwich, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Leacock</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Anselme</u>	14. NAME OF HUSBAND OR WIFE <u>Luella Breen Leacock</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-16-4161</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert B. Leacock</u> ADDRESS <u>7330 Ahern</u>

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) <u>Arterial Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</u>		DUE TO (b) <u>Myocarditis (chronic)</u>		
		DUE TO (c) _____		<u>5 years</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>422.1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural Cause</u>	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? _____

22. I hereby certify that I attended the deceased from Nov 25, 1952, to 2-18-1953, that I last saw the deceased alive on 2-18-1953, and that death occurred at 1:20 A., from the causes and on the date stated above.

23a. SIGNATURE <u>Scott Newer, M.D.</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>6347 Grand Blvd. Mo. Theatre Bldg</u>	23c. DATE SIGNED <u>2-18-1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/20/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
DATE REC'D BY LOCAL REG. <u>2-20-53</u>	REGISTRAR'S SIGNATURE <u>Herkut R. Donk - M.D.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Ambruster Inc</u> ADDRESS <u>6633 Clayton Rd.</u>		

P-7 (Licensed Embalmer's Statement on Reverse Side)

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

Ernest W. Spillers

Licensed Embalmer No. *4080*

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.