

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2130**

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 **ILLINOIS** b. COUNTY **PIKE**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JEFFERSON BARRACKS, MO.**

c. LENGTH OF STAY (In this place) **258 DAYS**
c. CITY OR TOWN **BARRY**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL**

e. STREET ADDRESS (If rural, give location) **NONE** **812g**

3. NAME OF DECEASED (Type or Print)
a. (First) **HARRY** b. (Middle) **THOMAS** c. (Last) **LEASE**

4. DATE OF DEATH (Month) (Day) (Year) **AUGUST 2, 1953**

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **DIVORCED 3**

8. DATE OF BIRTH **AUGUST 25, 1895**

9. AGE (In years last birthday) **57** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **GARAGE OWNER**

10b. KIND OF BUSINESS OR INDUSTRY **GARAGE**

11. BIRTHPLACE (City and State or Foreign Country) **PLAINVILLE, ILLINOIS /**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **CHARLES EMERY LEASE**

13b. MOTHER'S MAIDEN NAME **ELLA FITZGERALD**

14. NAME OF HUSBAND OR WIFE **DIVORCED**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **YES** (If yes, give war or dates of service) **WW-I**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **VA HOSPITAL RECORDS, JEFF BRKS, 23, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **LAENNEC'S CIRRHOSIS**
INTERVAL BETWEEN ONSET AND DEATH **UNK**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ **5811**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **ARTERIOSCLEROTIC HEART DISEASE**
UNK

19a. DATE OF OPERATION **NONE**

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **11-17, 1952**, to **8-2, 1953**, that I was present at the death, and that death occurred at **2:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **J.T. Kaminski** (Degree or title) **M.D.**

23b. ADDRESS **VET ADM HOSP, JEFF BRKS, MO.**

23c. DATE SIGNED **8-3-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **8-3-53**

24c. NAME OF CEMETERY OR CREMATORY **Local**

24d. LOCATION (City, town, or county) (State) **Barry, Ill.**

DATE REC'D BY LOCAL REG. **8-3-53** REGISTRAR'S SIGNATURE **Hubert R. Domb - M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe, 4700 Washington Blvd.**

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.....
Signature of Student Embalmer

Signed *W. W. Wilkerson*.....

Licensed Embalmer No. *35*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.