

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17211

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4370

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <i>ST. LOUIS, MISSOURI</i>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSPITAL</i>		e. STREET ADDRESS (If rural, give location) <i>12 323 Clara Ave 2129</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>EDITH</i> b. (Middle) <i>MAY</i> c. (Last) <i>LEIGHTON</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>MAY 14, 1954</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Dec. 12 1874</i>
9. AGE (in years last birthday) <i>79</i>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Retired Public School Teacher</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>James F. Leighton</i>	13b. MOTHER'S MAIDEN NAME <i>Rose B. Bates</i>
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Oscar Condon, 323 Clara Ave</i>	
18. NO 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) <i>Adenocarcinoma of Rectum</i> ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION <i>April 54</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Rectum</i>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <i>154x</i>			
22. I hereby certify that I attended the deceased from <i>3-4-54</i> , 19___, to <i>5-14-54</i> , 19___, that I last saw the deceased alive on <i>5-14-54</i> , 19___, and that death occurred at <i>9:20A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Stella H. Riel M.D.</i>		23b. ADDRESS <i>1515 Lafayette Avenue</i>	
23c. DATE SIGNED <i>5-14-54</i>			
24a. BURIAL-CREMA-TION REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-17-1954</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Bellefontaine</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>	
DATE REC'D BY LOCAL REG. <i>MAY 15 1954</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>C.P. Lupton & Sons</i>		ADDRESS <i>7233 Delmar</i>	

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

S.P. (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.....
Signature of Student Embalmer

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *4011*

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.