

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

42529
State File No. 10685
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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) St. Louis, Missouri		c. LENGTH OF STAY (In this place) c. CITY OR TOWN St. Louis, Missouri	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Enroute To City Hospital		e. STREET ADDRESS (If rural, give location) 24 3675a South Broadway 2249 0	
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTOPHER b. (Middle) C. c. (Last) LEACH		4. DATE OF DEATH (Month) (Day) (Year) November 21, 1954	
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH: January 9, 1892
9. AGE (In years last birthday): 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard	11. BIRTHPLACE (City and State or Foreign Country): Ellsinore, Missouri 0	12. CITIZEN OF WHAT COUNTRY: S.A.
10b. KIND OF BUSINESS OR INDUSTRY: Pinkerton Det. Agency.	13a. FATHER'S NAME: Joseph E. Leach	13b. MOTHER'S MAIDEN NAME: Sarah E. Hope	14. NAME OF HUSBAND OR WIFE: Maggie Ruth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MO Maggie R. Leach, 3675a S. Broadway, St. Louis,	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Atherosclerosis</i> 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 <i>1:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE: <i>Patrick P. Taylor, Coroner</i>		23b. ADDRESS: <i>1300 Clark</i>	23c. DATE SIGNED: <i>11.22.54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE: <i>11-24-1954</i>	24c. NAME OF CEMETERY OR CREMATORY: <i>Annapolis</i>	24d. LOCATION (City, town, or county) (State): <i>Annapolis, Missouri</i>
DATE REC'D BY LOCAL: <i>NOV 23 1954</i>	REGISTRAR'S SIGNATURE: <i>J. Carl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: <i>McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Missouri</i>	

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.....
James R. Chapman

Licensed Embalmer No. *45*

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.**