No. 300
10-48

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

FILED JAN 18 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 43772

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11414

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 3 6732 Scanlan 2039

**3. NAME OF DECEASED** (Type or Print)
a. (First): Orville
b. (Middle): T.
c. (Last): Leasure

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 14, 1954

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Feb. 13, 1889
**9. AGE** (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Appliance Service
**10b. KIND OF BUSINESS OR INDUSTRY**: Own business
**11. BIRTHPLACE** (City and State or Foreign Country): Zanesville, Ohio.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Robert Leasure
**13b. MOTHER'S MAIDEN NAME**: Rachael Schick
**14. NAME OF HUSBAND OR WIFE**: Elsie M. Leasure

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 282-10-6847
**17. INFORMANT'S SIGNATURE OR NAME**: Elsie Leasure, 6732 Scanlan ADDRESS

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction-massive with rupture of myocardium — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Arteriosclerotic Heart Disease — ?
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 [X] 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) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?** 4201

22. *I hereby certify that I attended the deceased from* 3-17, 1952, *to* 12-14, 1954, *that I last saw the deceased alive on* 12-14, 1954, *and that death occurred at* 7:10a *m., from the causes and on the date stated above.*

**23a. SIGNATURE** [signature] (Degree or title) M.D.
**23b. ADDRESS**: 634 N. Grand Blvd.
**23c. DATE SIGNED**: 12-14-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 12-17-54
**24c. NAME OF CEMETERY OR CREMATORY**: New St. Marcus Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL REG.: DEC 14 1954
REGISTRAR'S SIGNATURE: J. Carl Smith M.D. mJB.
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS 6464: C. Hoffmeister Colonial Mortuary, Chippewa

(Licensed Embalmer's Statement on Reverse Side)

Dr. Clarence Mueller,
Mo. Theatre Bldg.,

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lewis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Br

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.