

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1955

State File No. **13638**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3171**

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) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 8311 S. Broadway 2090	
3. NAME OF DECEASED (Type or Print) a. (First) Mary H. b. (Middle) McLeskey c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Apr. 7, 1955	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-20-1908
9. AGE (In years) (last month) (day) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (City and State or foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Sam Griffith		13b. MOTHER'S MAIDEN NAME Lizzie Hassey	
14. NAME OF HUSBAND OR WIFE Wallace McLeskey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, if unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wallace McLeskey 8311 S. Brdwy.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) massive cerebral hemorrhage ANTECEDENT CAUSES Arterio Sclerosis DUE TO (b) Myocardial 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4221x		22. I hereby certify that I attended the deceased from Feb 1, 1952 to April 1955 , that I last saw the deceased alive on April 7, 1952 and that death occurred at 1030p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) William Baron M.D.		23b. ADDRESS 3601 S. Jefferson	
23c. DATE SIGNED April 1955		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE 4-11-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.	
24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo.	
DATE REC'D BY LOCAL REG. APR 8 1955		REGISTRAR'S SIGNATURE Carl Smith M.D. mRB (Licensed Embalmer's Statement on Reverse Side)	

DR. WM. BARON
3601 A S. JEFFERSONS

2 TO 4 P.M

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 *David Van Fossan*.....

Licensed Embalmer No. *438*.....

P. O. Address *6322 La*.....

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.