

FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39579

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10209**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY St. Louis c. CITY OR TOWN HILLSDALE <i>4161</i> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 6511 Mount Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) EDWARD c. (Last) LEONARD			4. DATE OF DEATH (Month) (Day) (Year) November 6, 1956				
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-9-1898	9. AGE (in years last birthday) 58		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Socony Vacuum Co.	11. BIRTHPLACE (City and State or Foreign Country) 0 Cary Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME HENRY LEONARD		13b. MOTHER'S MAIDEN NAME MARY ALICE ROYER		14. NAME OF HUSBAND OR WIFE DOLLIE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 498-10-1780	17. INFORMANT'S SIGNATURE OR NAME DOLLIE LEONARD , 6511 Mount Ave.					
MEDICAL CERTIFICATION							
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary occlusion DUE TO (c) Arteriosclerotic coronary heart disease					INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 hour 15 months		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <div style="text-align: right; font-size: 2em;">420.1</div>					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-31-</u> <u>1955</u> , to <u>11-6-</u> <u>1956</u> , that I last saw the deceased alive on <u>11-6-</u> <u>1956</u> , and that death occurred at <u>9p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.			23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 11/7/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-9-1956	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. NOV 8 1956		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN F.H., INC. 2301 Lafayette			

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 *A. J. Farris*.....

Licensed Embalmer No. *338*.....

P. O. Address *A. J. Farris*.....

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.