

FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19532

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1290

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clayton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>38 St. Louis Co. Hosp. DDA</u>		d. STREET ADDRESS (If outside give location) <u>23 1727 Carroll St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Leonard</u> Middle <u>--</u> Last <u>Hadley, Jr.</u>		4. DATE OF DEATH Month <u>May</u> Day <u>18</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 16, 1931</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis County, Mo.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial Asphalt Paving Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Leonard Hadley Sr.</u>		14. MOTHER'S MAIDEN NAME <u>Virgie Carver</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-30-4651</u>	
17. INFORMANT <u>Leroy Hadley Rt. 1 Box 264 Imperial, Mo.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Penetrating gunshot wound, passing from right to left, with profound brain damage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Self inflicted gunshot wound of head - body found in parked car shortly after he had shot and killed his estranged wife</u>		
20c. TIME OF INJURY <u>3:50 P.M. 5/18/57</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>car parked on 27 Alpha road</u>		
20e. CITY, TOWN, OR LOCATION <u>Rural</u>	20f. COUNTY <u>St. Louis</u>	20g. STATE <u>Mo.</u>	
21: I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Raymond Harris</u> (Degree or title) Coroner		22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>5/22/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 22, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>1215 Lemay Ferry Rd. Lemay, Mo.</u>
24. FUNERAL DIRECTOR <u>C. Hoffmeister Mortuaries</u> 7814 S. Broadway		25. DATE RECD. BY LOCAL REG. <u>5-20-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Blankenship</u>

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 *Lewis C. Hoffmann* .....

Licensed Embalmer No. 38

P. O. Address 78148 B

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