

FILED NOV 22 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42249

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10407

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Northwoods</u>	
c. LENGTH OF STAY (In this place) <u>1-wk.</u>		d. Is 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 <u>Desloge Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>7100 Willow Wood</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>E.</u> c. (Last) <u>Leach, Sr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2nd, 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 22, 1895</u>
9. AGE (In years) (Month) (Day) <u>62</u> <u>1</u> <u>10</u>		10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Service Officer, D.A.V.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Ellis Leach</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Carroll</u>	
14. NAME OF HUSBAND/OR WIFE <u>Mrs. Ambrosia B. Leach</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>World War # 1</u>	
16. SOCIAL SECURITY NO. <u>494-01-6858</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ambrosia B. Leach</u> ADDRESS <u>7100 Willow Wood</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emphysema</u>		Northwoods	
INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>		ANTECEDENT CAUSES	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Bronchitis (chronic)</u> <u>39 yrs.</u>	
DUE TO (c) <u>Gas Poisoning (military)</u> <u>39 yrs.</u>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <u>COV Pulmonale</u> <u>1 mo</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>965X</u>	
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) (Minute)	
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>11/1</u> , 19 <u>50</u> , to <u>11/2</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>11-1-57</u> , and that death occurred at <u>4:52 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Carl Smith</u> (Degree or title)		23b. ADDRESS <u>16 Hampton Village Pl</u>	
23c. DATE SIGNED <u>11/2/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 5, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> ADDRESS <u>3840 Lindell Blvd.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 4 57</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> ADDRESS <u>3840 Lindell Blvd.</u>	

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

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 *Francis Williamson*

Licensed Embalmer No. *3564*

P. O. Address *3840 Lind*

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.