

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027656
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2049

5. 300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clayton 4452 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7415 Somerset Ave.		Length of stay in lb YRS.	d. STREET ADDRESS (If outside, give location) 7415 Somerset Ave.

3. NAME OF DECEASED (Type or print) First Middle Last LESTER BURROWS LEIGHTON			4. DATE OF DEATH Month Day Year August 4, 1958		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 19, 1900	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min. 9 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) V-Pres. Sandusky Coopera	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Arlesta Leighton	13b. MOTHER'S MAIDEN NAME Matilda Acres	14. NAME OF HUSBAND OR WIFE Leighton Carolyn H. LeBeron
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 492-07-2278	17. INFORMANT CAROLYN H. LEBERON LEIGHTON CLAYTON, MO.	Address 7415 SOMERSET
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis.		INTERVAL BETWEEN ONSET AND DEATH 2 Hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio-sclerosis	
	DUE TO (c) 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **3-21-58** to **Aug. 4, 1958** and last saw ~~him~~ ^{her} alive on **Aug. 4, 1958**
Death occurred at **4:00** A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Louis J. Aiken (Degree or title)	22b. ADDRESS M.D. 3720 Washington	22c. DATE SIGNED 8/4/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Aug. 6, 1958	23c. NAME OF CENETERY OR CREMATORY Oak Grove Chapel	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Ambruster Mortuary, 6633 Clayton Rd.	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-4-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.
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All diseases in Part I must be causally related.

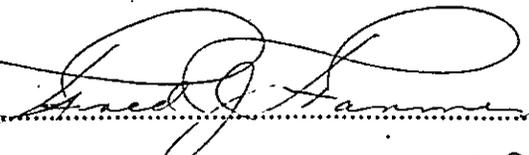
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

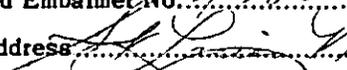
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4788

P. O. Address 

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.