S. No. 300
EV. 10.48

4

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031238
State File No.

FILED AUG 28 1958

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2156

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson
c. LENGTH OF STAY (In this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 37 Halls Ferry Memorial Home 2079

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~St. Louis~~
c. CITY OR TOWN: ST LOUIS ~~Jennings~~
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 6315 Emma Avenue 20

3. NAME OF DECEASED (Type or Print)
a. (First): Jeremiah
b. (Middle): W.
c. (Last): Leahy

4. DATE OF DEATH (Month) (Day) (Year): Aug. 16 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Setp.1,1887
9. AGE (In years last birthday): 70 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Union Elect.Co.
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Patrick Leahy
13b. MOTHER'S MAIDEN NAME: Elizabeth Kelly
14. NAME OF HUSBAND OR WIFE: Lillian E.Leahy,6315 Emma Av

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 493-05-3474
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs.Lillian E.Leahy,6315 Emma Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma lung. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) with cerebral metastases
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 163X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 11, 1958, *to* Aug 16, 1958, *that I last saw the deceased alive on* Aug 15, 1958, *and that death occurred at* 5:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis Littman MD
23b. ADDRESS: 8231 Clayton Rd
23c. DATE SIGNED: 8/18/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug.20,1958
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL REG.: 8-18-58
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: CALVIN F.FEUTZ,4828 Nat'l.Bridge Blvd

(Licensed Embalmer's Statement on Reverse Side)

3-5 P.M. Monday

File in county

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis

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

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