

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003998

STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 208

300  
-57

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>AFFTON Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>AFFTON 4000</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>#16 LONE ELM, DR YRS.</b>		Length of stay in lb	d. STREET ADDRESS <b>#16 LONE ELM</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>A.</b> Middle <b>ELMER</b> Last <b>LEEKER</b>	4. DATE OF DEATH Month <b>JAN.</b> Day <b>19</b> Year <b>1959</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 5</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days Hours Min.	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) <b>WEB PRESSMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>POST DISPATCH</b>	11. BIRTHPLACE (City and state or country) <b>Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U-S-A.</b>
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13a. FATHER'S NAME <b>ANTON LEEKER</b>	13b. MOTHER'S MAIDEN NAME <b>IDA NIEHAUS</b>	14. NAME OF HUSBAND OR WIFE <b>MYRTLE LEEKER</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT # <b>4201</b> Address <b>MYRTLE LEEKER, 16 LONE ELM DR.</b>
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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) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>
DUE TO (b) <b>Arteriosclerosis of coronary arteries</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)		

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.) <b>4201</b>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 <b>ST. LOUIS</b>	COUNTY <b>Mo</b>	STATE
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21. I attended the deceased from Death occurred at <b>2:15</b> <b>March 26, 1958</b> and last saw her alive on <b>Jan. 19, 1959</b> <b>Jan. 16, 1959</b> at <b>2:15 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>M. D. Leadley</b>	(Degree or title)	22b. ADDRESS <b>#16 Hampton Village</b>	22c. DATE SIGNED <b>1/19/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JAN. 22 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New ST. MARCUS</b>	23d. LOCATION (City, town, or county) <b>ST. LOUIS</b>	(State) <b>Mo</b>
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24. FUNERAL DIRECTOR <b>Thomas Kute 2906 Gravis</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>1-21-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Eleanor Province \_\_\_\_\_

Licensed Embalmer No. 3403 \_\_\_\_\_

P. O. Address Jennings \_\_\_\_\_

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.