

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019376

State File No. ....

FILED MAY 26 1959

Registrar's No. **2,4702**

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. <b>2,4702</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO</b> b. COUNTY _____ |  |   |  |
| b. CITY OR TOWN <b>St Louis, Mo.</b>  |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY OR TOWN <b>St Louis</b>  |  | 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 <b>McNellie Hospital</b>  |  |   |  | e. STREET ADDRESS (If rural, give location) <b>5337 Gaxton</b>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Edward</b>   |  | b. (Middle) <b>Howard</b>   |  | c. (Last) <b>Leaver</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>5-12-59</b>  |  |
| 5. SEX <b>male</b>  |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>  |  | 8. DATE OF BIRTH <b>Feb. 17-1895</b>  |  |
| 9. AGE (in years last birthday) <b>64</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Clerk</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  | 13a. FATHER'S NAME <b>Alfred - Leaver</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Emma Jean</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Julius Leaver</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Julius Leaver</b> ADDRESS <b>5337 Gaxton</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of 5th Cerv. vertebrae suffered in fall from 5th floor to ground below</b><br>DUE TO (b) <b>at Mc-Medical Hospital May-12<sup>th</sup> 1959 - whether</b><br>DUE TO (c) <b>accidental or suicidal could not be determined.</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH _____  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION <b>978 x open vertebrae</b>  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>open</b>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>075 Hospital</b>  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis</b>  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5-12-59 m.</b>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <b>SEE ABOVE</b>  |  |   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10 p.</b> m., from the causes and on the date stated above.  |  |   |  |  |  |   |  |
| 23a. SIGNATURE <b>James M. Quinn</b> (Degree or title) <b>3</b>   |  |   |  | 23b. ADDRESS <b>1300 Clark</b>   |  | 23c. DATE SIGNED <b>5/14/59</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____   |  | 24b. DATE <b>5-30-59</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG. <b>MAY 14 '59</b>  |  | REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Rawland Aber</b> ADDRESS <b>4104 Manchester</b>  |  |   |  |

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795  
Item 3 Corrected by affidavit of informant  
Sec. Sec. Card sub. Serw. Cert. 7-29-59 JDL  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

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.