ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-001943

STATE FILE NUMBER

FILED VS JAN 25 1961

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 1

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jefferson County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hillsboro — Length of stay in 1b: 4 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cedar Grove Nursing Home — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3706 Ohio Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: A. Last: Leahy

4. DATE OF DEATH: Month: January Day: 20 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: About 1879
9. AGE (last birthday): About 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Maurice Leahy
13b. MOTHER'S MAIDEN NAME: Mary Hanley
14. NAME OF HUSBAND OR WIFE: None

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.:
17. INFORMANT: James L. Sullivan — Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 YRS. +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jun 1959, to 1-20-61 and last saw her/him alive on 1-15-61
Death occurred at 8:24 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. Daake M.D.
22b. ADDRESS: 740 S. 4th St. Louis
22c. DATE SIGNED: 1-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/23/61
23c. NAME OF CEMETERY OR CREMATORY: SS. Peter & Paul Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR: Gebken Sons — ADDRESS: 2630 Gravois Ave.
25. DATE RECD. BY LOCAL REG.: 1/21/61
26. REGISTRAR'S SIGNATURE: Oleta Gibbons, dep

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Gentry L. Solitte

Signature of Student Embalmer

Licensed Embalmer No. 3481

P. O. Address Crystal Ci

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.