

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7537**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1413**

LED FEB 26 1953

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis Missouri</b>		c. LENGTH OF STAY (in this place) <b>14 mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>717 No 18<sup>th</sup></b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis 2219</b>	
3. NAME OF DECEASED (Type or Print) <b>Leon</b>		d. STREET ADDRESS (If rural, give location) <b>21 816 No 23<sup>rd</sup> STREET</b>	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 5 1953</b>
<b>Leon</b>	<b>K</b>	<b>FINLEY</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>DEC 51</b>
9. AGE (in years last birthday) <b>2</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>2</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>26</b> IF UNDER 12 HRS. Hours <b>26</b> Min.
11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	13a. FATHER'S NAME <b>Leon Bailly</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary B Finley</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary B Finley 816 23<sup>rd</sup> St</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <b>Interstitial Pneumonitis</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>492X</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>5:00 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Ward Perry Deputy Coroner</b>		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>2/6/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7 Feb 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DAKDALE Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis County MO</b>
DATE REC'D BY LOCAL REG. <b>FEB 6 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FUNERAL Sys 5010 Finesse</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Student Embalmer

Signed

*Paul V. Freeman*

Licensed Embalmer No. 4686

P. O. Address 4585 Aldine

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 this body is not embalmed, fact should be so stated above.