

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34558

1. PLACE OF DEATH

County St. Louis
Township Central
City Maplewood

Registration District No. 786
Primary Registration District No. 4469
(No. 3333 Cambridge Ave)

File No. _____
Registered No. 5672
St. _____ Ward _____

2. FULL NAME

John William Leamaster

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9, 1853

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>74</u>	<u>7</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Master Painter Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Pullman Car Shop
(c) Name of employer St. Louis

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

10. NAME OF FATHER Emma Leamaster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

12. MAIDEN NAME OF MOTHER Mary Jane Lyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

14. INFORMANT Mrs Anna G. Jackson
(Address) 3333 Cambridge Ave

15. FILED 10/2/27 Mercedes Schuster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 27, 1927, to Nov 1, 1927 that I last saw him alive on Nov 1st, 1927, and that death occurred, on the date stated above, at 4:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

9. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

10. WAS THERE AN AUTOPSY? no

11. WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Pierre M. Brassard, M. D.
Nov 1 - 1927 (Address) Maplewood Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine Cem.

DATE OF BURIAL Nov 4 1927

20. UNDERTAKE Edna Shepard

ADDRESS 594 Easton

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

Dr. T. M. W. P. 1000000000

3500 Cambridge

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Hi. 0890