

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

Do not use this space.

3036

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. 1003 Registered No. 637
 City St. Louis (No. 5715 Dewey Ave. St. Ward)

2. FULL NAME

Charles Leilich
 (a) Residence No. 5715 Dewey 15 Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-15-1902

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>25</u>	<u>3</u>	<u>2</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer) Automobile
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

10. NAME OF FATHER Peter F. Leilich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

12. MAIDEN NAME OF MOTHER Emilie Enean

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT (Address) Mrs. Ruth Leilich
5715 Dewey Ave

15. FILED Nov 6 1928 Max B. Starkeoff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17- 1928

17. I HEREBY CERTIFY, That I attended deceased from
, 19....., to 19.....
 that I last saw h..... alive on 19....., and that
 death occurred, on the date stated above, at..... m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS: 17
Carbon Monoxide
Due to Auto Engine Running
in Closed Garage
 CONTRIBUTORY (SECONDARY) Accident
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY..... yes

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Wm. Dwyer M.D.
117, 1928 (Address) Dep. Coroner

*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 New St. Marcus DATE OF BURIAL 1/18 1928

20. UNDERTAKER Maeker-Abelder ADDRESS 2331 S. Rodney

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. 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.

