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.

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

Do not use this space.

22257

1. PLACE OF DEATH

County .... Registration District No. 79.. File No. ....

Township .... Primary Registration District No. 1003 Registered No. 6440

City St Louis Mo (No. 4336 Vista Ave .... St. .... Ward)

2. FULL NAME John C Le Roy

(a) Residence. No. 4336 Vista Ave St., 18 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. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Male / 4. COLOR OR RACE: White / 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1928
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Evelyn Le Roy	17. I HEREBY CERTIFY, That I attended deceased from June 9, 1928, to June 16, 1928, that I last saw h— alive on June 16, 1928, and that death occurred, on the date stated above, at 6.30 a.m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18-1899	THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar Pneumonia
7. AGE: YEARS 29 / MONTHS 4 / DAYS 28 / If LESS than 1 day, ... hrs. or ... min.	(duration) ... yrs. ... mos. 7 ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Clerk	CONTRIBUTORY (SECONDARY) La Grippe (duration) ... yrs. ... mos. 7 ds.
(b) General nature of industry, business, or establishment in which employed (or employer) ...	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ...
(c) Name of employer: American R R Express	DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
9. BIRTHPLACE (CITY OR TOWN) ... (STATE OR COUNTRY) Mo	WAS THERE AN AUTOPSY? ...
PARENTS 10. NAME OF FATHER Wy E Le Roy	WHAT TEST CONFIRMED DIAGNOSIS? ...
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ... (STATE OR COUNTRY) Ills	(Signed) Whitson Hall, M. D
12. MAIDEN NAME OF MOTHER Carrie Frankel	June 16, 1928 (Address) 1625 Tower Grove Av
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ... (STATE OR COUNTRY) Ills	*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.
14. INFORMANT Evelyn Le Roy (Address) 4336 Vista Ave	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Lebanon / DATE OF BURIAL: June 18 1928
15. FILED JUN 18 1928, 19.. Max C Starkloff REGISTRAR	20. UNDERTAKER: Aufmuth Mod Co / ADDRESS: 4234 Manchester Av