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

Do not use this space.

22623

File No. 6352

Registered No. .....

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. City Hosp. St. ..... Ward)

2. FULL NAME Leslie O Oaks Jr

(a) Residence. No. 315 Convent St., ... Ward.
(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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	3	10		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Corning Ark
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Leslie Oaks

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

12. MAIDEN NAME OF MOTHER Mabel Greenwood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chaubonnier
(STATE OR COUNTRY) Miss

14. INFORMANT Mabel Oaks
(Address) 315 Convent

15. FILED JUL -1 1928, 19..... Mabel C Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 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 2.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

A Shock & Injuries (Fractured Skull) Struck by Auto

B St. Louis (duration) Two mos. ds.

CONTRIBUTORY (SECONDARY) Criminal Carelessness

C None (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Lemen, M.D.

7/1, 1928 (Address) Dep. Coron

*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	DATE OF BURIAL
Corning Ark	July 2 1928
20. UNDERTAKER E J Ahner	ADDRESS 3125 Lafayette

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.