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.

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1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1000 ..... Registered No. 3882

City St. Louis (No. 5445 Bates St. ..... St. ..... Ward)

2. FULL NAME Lydia Leslie

(a) Residence. No. 5445 Bates St., 2 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

3. SEX: Female
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 21 - 1860

7. AGE: Years 68 | Months 3 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

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

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

2

PARENTS

10. NAME OF FATHER: Levi Smith

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

8

12. MAIDEN NAME OF MOTHER: Roseltha Hodgen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Massachusetts

2

14. INFORMANT: Mr. A. G. Kugler
(Address) 5445 Bates

15. FILED: 8 31 1929, 19 ..... Max C. Starkey, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 30 1929

17. I HEREBY CERTIFY, That I attended deceased from November 27, 1929, to March 30, 1929, that I last saw her alive on March 30, 1929, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Hypostatic
Lobar 10
7 ...

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Pernicious Anaemia

(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) Jno Cnlaubek, M.D.

, 19 (Address) 2900 California Ave

*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: Lake Geneva, Wis — DATE OF BURIAL: Mar. 31 1929

20. UNDERTAKER: Wacker Helderle 2731 — ADDRESS: So. Bdway