

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

Do not use this space.

11197

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1025

City St. Louis (No. Isolation Hospital)

File No.

Registered No. 3234

St. Ward)

2. FULL NAME

(a) Residence. No. 1006 Ann Ave St. 23 Ward.

(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 12, 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>7</u>	<u>0</u>	<u>0</u>	<u>17</u>	

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) Poplar Bluff Ark.
(STATE OR COUNTRY)

10. NAME OF FATHER Ed Leach

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

12. MAIDEN NAME OF MOTHER Claudia Gulin

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

14. INFORMANT Edward Leach
(Address) 1006 Ann Ave

15. FILED Mar 31 1930 Max E. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 29 1930

17. No Physician Attended
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 5:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Lobar Pneumonia

10X
CONTRIBUTORY (SECONDARY) 10/100
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10/100
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Fenner, M.D.

3/31, 1930 (Address) Dep. Coroner

*State the DISEASE CAUSING DEATH, *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 Poplar Bluff, Ark. DATE OF BURIAL Mar. 31, 1930

20. UNDERTAKER Drehmann Samuel ADDRESS 1905 Union

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.

