

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

Do not use this space.

31640

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No.....

City **St. Louis**

(No. **Congress Hotel**)

File No.....

Registered No. **9992**

St. Ward)

2. FULL NAME **Leon M. Shlenker**

(a) Residence. No. **Congress Hotel** St. **12** Ward.

(Usual place of abode) **275 N. Union** (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. 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 **Lillie Shlenker**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 29, 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 7 26

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

9. BIRTHPLACE (CITY OR TOWN) **La.** (STATE OR COUNTRY)

10. NAME OF FATHER **Max Schlenker**

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

12. MAIDEN NAME OF MOTHER **Charlet Ray**

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

14. INFORMANT **Lillie Shlenker** (Address) **Congress Hotel**

15. FILED **5** **May 2 1930** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 25 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Sept. 25 1930** to **Sept. 25 1930**, and that I last saw him alive on **Sept. 25 1930**, and that death occurred, on the date stated above, at **11:20 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) **Ch. Myocarditis - Arterio-Sclerosis - Hypertension**

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

DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinically Laboratory**
(Signed) **Arthur E. Frank**, M. D.

9/25, 1930 (Address) **Univ. Club Bldg.**

*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 **Int. Sinai Cemetery** DATE OF BURIAL **Sept. 29 1930**

20. UNDERTAKER **H. Rindskopf** ADDRESS **5216 Delmar**

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.

