NOV 28 1930

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

Do not use this space.

34062

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B. — Registered No. 340

City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME Andrew J. Leonard

(a) Residence. No. 5436 No. Euclid Ave., St., Ward. (If nonresident give city or town and State)
(Usual place of abode) St. Louis, Mo.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 3, 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
36	2	8	

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

9. BIRTHPLACE (CITY OR TOWN): Unavailable.
(STATE OR COUNTRY): Illinois.

PARENTS

10. NAME OF FATHER: Unavailable.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unavailable.
(STATE OR COUNTRY): Unavailable.
12. MAIDEN NAME OF MOTHER: Unavailable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unavailable.
(STATE OR COUNTRY): Unavailable.

14. INFORMANT: C. H. Smith, Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED 10-12 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 11, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1930, 19__, to October 11, 1930 that I last saw him alive on October 11, 1930 and that death occurred, on the date stated above, at 5:50 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pleurisy, suppurative, right side.

110A

102B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown.
DID AN OPERATION PRECEDE DEATH? Yes • DATE OF 9-10-30, 9-11-30, 9-19-30
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.

(Signed) W. C. Gibson, Medical Officer In Charge
, 19 (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

*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: National — DATE OF BURIAL: 10/13 1930

20. UNDERTAKER: C. Hoffmeister U & L Co — ADDRESS: 781 So. Bdwy

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.