

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

Do not use this space.

21086

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 4002  
City St. Louis (No. City Hospital) St. .... Ward .....

File No. ....  
Registered No. 5589  
St. .... Ward .....

3723

**2. FULL NAME:** Ernest D. Gabriel Leer

(a) Residence, No. 308 Carr St., 25 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 4 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** 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** Jennie G. Leer

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Dec 9 - 1897

**7. AGE** YEARS 34 MONTHS 5 DAYS 21 IF LESS than 1 day, ..... hrs. or ..... min.

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Laborer  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** 2-9  
**10. Date deceased last worked at this occupation (month and year)** ..... **11. Total time (years) spent in this occupation** .....

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Palmyra, Mo.

**MOTHER / FATHER**  
**13. NAME** Rollie Leer

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo.

**MOTHER**  
**15. MAIDEN NAME** Nettie Smith

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Iowa

**17. INFORMANT (ADDRESS)** Hospital Information Grace Hosp. City Hospital

**18. BURIAL, CREMATION, OR REMOVAL PLACE** St. Matthews Co. DATE June 14, 1932

**19. UNDERTAKER (ADDRESS)** Central Undertaking Co. 18th & Cass Ave.

**20. FILED** City Hospital Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 5th 1932

**22. I HEREBY CERTIFY**, That I attended deceased from June 3rd 1932 to June 5th 1932  
I last saw him alive on June 5th 1932. Death is said to have occurred on the date stated above, at 4:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic rheumatoid arthritis  
subacute bacterial endocarditis with  
Streptococcus septicemia

Other contributory causes of importance:  
920A 570 90A 570 312 8  
Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical Was there an autopsy? no

**23. If death was due to external causes (violence), fill in also the following:**  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

**24. Was disease or injury in any way related to occupation of deceased?** no  
If so, specify .....  
(Signed) J. Scherman M. D.  
(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK. PRINT IN PLAIN TERMS. 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.

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