

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.

AUG 27 1932

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

Do not use this space.

24068

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1160
 10 Township Central Primary Registration District No. H470
 5 City University City (No. 1242, Purdue Ave) St. _____ Ward _____

2. FULL NAME Ella Gray Leaver
 (a) Residence, No. 1242 Purdue Ave St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

File No. 74
 Registered No. 66

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Clarence O. Leaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
42 0 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) St. Louis Missouri

FATHER 13. NAME Frederick A. Platzbach
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Minnie Fleckenstein
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Mrs. Clarence O. Leaver
 (ADDRESS) 1242 Purdue Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Salem Cemetery DATE Aug 1, 1932

19. UNDERTAKER Geo. L. Weisich, Inc.
 (ADDRESS) 5966 Euston Ave.

20. FILED Aug 1, 1932 Lena V. Mueller
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 1931 to July 29, 1932
 I last saw her alive on July 29, 1932 Death is said to have occurred on the date stated above, at 5:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Endocarditis, Streptococcus Date of onset Spring 1930
Wounds
131
92A
36

Other contributory causes of importance:
Nephritis Chr. (multiple infarctions)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Bt cultures 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? _____
 If so, specify _____
 (Signed) W. H. Olmsted, M. D.
 (Address) 3720 Washington

D.W. W. W. W.
3720 Washington
10th 11
Jf 4579