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.

OCT 29 1932

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

Do not use this space.

2 98

File No. 30312

Registered No. 2 98

1. PLACE OF DEATH 96

County St Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248

City Koch (No. Koch Hosp. St. Ward)

2. FULL NAME Leonard Balbridge BALBRIDGE, Leonard

(a) Residence, No. 4819 Allamania St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

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) Sept-11-1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
21	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 101

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Ill 2

FATHER

13. NAME Lester Balbridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER

15. MAIDEN NAME Ethel Appel Appel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 51

17. INFORMANT (ADDRESS) Mrs Ethel Dahmer 4819 Allamania

18. BURIAL, CREMATION, OR REMOVAL

PLACE Summerfield Ill DATE Sept-3-1932

19. UNDERTAKER (ADDRESS) A. H. McLaughlin 1631 Missouri Ave

20. FILED Sept. 2 1932 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1-32, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to 9-1-32, 19

I last saw h..... alive on 9-1-32, 19..... Death is said to have occurred on the date stated above, at 12 40 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pul Stre Fer III

23A

Pulmonary TB. For ...

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Carroll F. Leonard, M. D.

(Address) Koch Hospital