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.

JAN 26 1934

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

Do not use this space.

41330

96

1. PLACE OF DEATH

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

Township [illegible] — Primary Registration District No. 6248 B — Registered No. 370

City Jefferson Barracks, Mo. (No. Veterans' Administration Facility St. Ward)

2. FULL NAME Leo CAREY

(a) Residence, No. 6814 Magnolia Ave., St. Louis, Mo. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Carey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	41	1	3	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4018 Dunnica Str., St. Louis, Mo.

10. Date deceased last worked at this occupation (month and year) Feb. 1933

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Edward Carey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER

15. MAIDEN NAME ? Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director Vets. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National DATE 12/4 1933

19. UNDERTAKER (ADDRESS) Guy Mullen 4259 Lindell

20. FILED Dec 2 1933 B. F. Vate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1933, to December 2, 1933

I last saw him alive on December 2, 1933 Death is said to have occurred on the date stated above, at 12:10 A.M.

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

	Date of onset
Tuberculosis, Pulmonary, Chronic, Far Advanced	Unkn.
23A	

Other contributory causes of importance: None [illegible] Unkn.

Name of operation None Date of

What test confirmed diagnosis? Physical Examination, X-Ray & Laboratory Clinical Manifestation 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. C. GIBSON, M. D. Manager

(Address) Vets. Ad. Fac., Jeff. Bks., Mo.