

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No.) St. Ward)

File No. 2514
Registered No. 95

2. FULL NAME Leonard S. Washburn

(a) Residence, No. 4570 Sammlan St., 12 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 7 mos. 15 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 H

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8, 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 10 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec 30, 1933 11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersville Ill.

MOTHER FATHER 13. NAME Wm Washburn

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

15. MAIDEN NAME Lora Spriggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield Ill.

17. INFORMANT Heley J. Janssen (ADDRESS) 4746 Kensington St

18. BURIAL, CREMATION, OR REMOVAL PLACE Hodgfrey Ill DATE 1/4 1934

19. UNDERTAKER A. Ellis (ADDRESS) 2240 Belmont

20. FILED 1934 Registrar J. Brebeck

No Medical Certificate of Death
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1 1934
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:
Hemorrhage into Right Ventricle of Brain
Arteriosclerosis of Brain
97
Other contributory causes of importance:
97
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes
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) Wm. J. Janssen
(Address) 4746 Kensington St

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.

FEB 27 1934

