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.

APR 25 1934

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

Do not use this space.

11128

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

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

File No. .....

Registered No. 2989

2. FULL NAME 20842 Paul Leclaire

(a) Residence, No. 2921 Kansas Ave. Ward 20
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 6 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Leclaire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 - 1857

7. AGE YEARS 76 MONTHS 5 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) .....

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

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

FATHER

13. NAME Chas Leclaire

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

MOTHER

15. MAIDEN NAME Bertha L?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Hosp Inf M Vent City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters Cemetery DATE Mar. 26 1934

19. UNDERTAKER (ADDRESS) Seidenwieder's Funeral Home Inc 1936 St. Louis Ave

20. FILED APR 26 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/14, 1934, to 3/24, 1934

I last saw him alive on 3/24, 1934. Death is said to have occurred on the date stated above, at 2:52 a.m.

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

Chr Interstitial Nephritis

Uremia

131

133 P

Other contributory causes of importance:

131

Date of onset

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

What test confirmed diagnosis? ..... 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) [signature], M. D.

(Address) City Hosp