

REC 2 1 1935

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

Do not use this space.

1. PLACE OF DEATH St. Mary's Infirmary 791  
County ..... Registration District No. 1003  
Township ..... Primary Registration District No. ....  
City St. Louis, Mo. (No. ....) St. .... Ward)

45335

File No. ....  
Registered No. 368

2. FULL NAME Leonard King Catlet  
(a) Residence, No. 1614 Biddle St. 25 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Minor</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 27, 1934</u>		
7. AGE YEARS	MONTHS	DAYS
<u>zero</u>	<u>zero</u>	<u>zero</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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) <u>St. Louis Mo</u>		
13. NAME <u>Popkenwer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Henrietta Catlet</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Henrietta Catlet</u> <u>1614 Biddle</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>Jan 11 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. H. Passon</u> <u>City</u>		
20. FILED <u>J. H. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1934, to 12-27-34, 1934.  
I last saw him alive on 12-27-34, 1934. Death is said to have occurred on the date stated above, at 1:30 p. m.  
The principal cause of death and related causes of importance were as follows:  
not viable (5 1/2 mo)  
(Prematurity)  
159  
Other contributory causes of importance: undetermined

Name of operation ..... Date of .....  
What test confirmed diagnosis? postmorte. 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 J. W. Gray (Signed) ..... M. D.  
(Address) 1936 Polpin St.

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.

all ~~Melrose~~

Desloge Hosp.

Gr 7600