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.

JUN 12 1935

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

Do not use this space.

15139

File No. 4419

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 1022, North 14th St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Baby Leaver

(a) Residence, No. 5738 Westminster St., 5 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1935

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

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) St. Louis Missouri

FATHER

13. NAME Earl Leaver

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

MOTHER

15. MAIDEN NAME Annabelle Booker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Scott Kansas

17. INFORMANT (ADDRESS) Mother Annabelle Leaver 5738 Westminster

18. BURIAL, CREMATION, OR REMOVAL Body given to St. Louis University School of Medicine. DATE 4-15-35 19

19. UNDERTAKER (ADDRESS)

20. FILED MAY 15 1935 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11:15 PM 4-15, 1935, to 11:25 PM 4-15, 1935

I last saw him alive on 11:15 PM 4-15, 1935. Death is said to have occurred on the date stated above, at 11:25 p.m.

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

Prematurity

3.4.

Date of onset

Other contributory causes of importance:

Lues

Name of operation — Date of

What test confirmed diagnosis? age of frequency Wassermann 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) [signature], M. D.

(Address) 1325 S. Grand

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