APR 25 1936

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

Do not use this space.

12361

1. PLACE OF DEATH
County St Louis
Registration District No. 790
File No.
Township
Primary Registration District No. 6033a
Registered No. 114
City Clayton Mo (No. St Louis County Hospital St. Ward)

2. FULL NAME Leith Catherine
(a) Residence, No. 7536 Manette, Maple Wood 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W Leith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1845
7. AGE YEARS 90 MONTHS 9 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) N.Y.

FATHER
13. NAME Fred. Hempstead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Susan Lott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Frank Leith. Piedmont Mo. Route 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 3-25 1936
19. UNDERTAKER (ADDRESS) Jay B Smith Funeral Home 7456 Manchester Ave Maplewood Mo.
20. FILED 3/25 1936 Dr. A J Liguorelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/9/36, 19 to 3/23/36, 19
I last saw her alive on 3/23/36, 19 Death is said to have occurred on the date stated above, at 4:20 p m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Senility ?

Other contributory causes of importance:

Senile Dementia

Name of operation Date of
What test confirmed diagnosis? 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) Frank H Robinson, M. D.
(Address) St Louis Co Hosp Clayton Mo

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.

WHITE PENNEY, WHITE UNFADING INK—THIS IS A PERMANENT RECORD