

MAY 7 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City..... St Louis (No. 5903, Juniata Str

Registration District No. 791  
Primary Registration District No. 1008  
St. Junata Str

File No. 17213  
Registered No. 3975  
St. Ward)

## 2. FULL NAME Jack C. Lero

(a) Residence, No. St. 3 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 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 Single.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1922.		
7. AGE YEARS 14.	MONTHS 2	DAYS 25.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home.		
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) St Louis MO. (STATE OR COUNTRY)		
13. NAME George Lero		
14. BIRTHPLACE (CITY OR TOWN) Stt Louis MO. (STATE OR COUNTRY)		
15. MAIDEN NAME Grace Carey		
16. BIRTHPLACE (CITY OR TOWN) Jefferson City MO. (STATE OR COUNTRY)		
17. INFORMANT George Lero (ADDRESS) 5903 Juniata		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Leabnon DATE April 13, 1936		
19. UNDERTAKER A. T. Paulson (ADDRESS) 2301 Lafayette		
20. FILED APR 11 1936 J. F. Bredeck Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to April 11, 1936  
I last saw him alive on April 11, 1936 Death is said to have occurred on the date stated above, at 3:30 a. m. A. M.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset 1929

Other contributory causes of importance:  
Epilepsy Results (Caused by injury at birth)  
Instrumental delivery of mother, day + Date of operation

Name of operation: Day + Date of operation  
What test confirmed diagnosis? Lab. 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? no  
If so, specify  
(Signed) A. T. Paulson D. C. M. A.  
(Address) 6.111 1/2 Southwest Ave

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.

