

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

Do not use this space.

17453

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis* (No. *4605 Lindell Blvd.*) St. *4233* Ward

2. FULL NAME

Leyna V. Whittier
 (a) Residence, No. *4605 Lindell* St., *12* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mr. Clin K. Whittier</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 4 1862</i>		
7. AGE	YEARS <i>74</i>	MONTHS <i>2</i>
	DAYS <i>12</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>	
	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) <i>New Orleans Louisiana</i>		
FATHER	13. NAME <i>Chas. Mercier</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>France</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <i>Mr. H. W. Eddy 4605 Lindell</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>Bellevue April 8 1936</i>		
19. UNDERTAKER (ADDRESS) <i>Wagoner Truck Co. 3627 Olive</i>		
20. FILED <i>APR 17 1936 J. P. Bredeck Registrar</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 16 1936*

22. I HEREBY CERTIFY, That I attended deceased from *4-6-36* 19, to *4-16-36* 19.
 I last saw h. *alive* on *4-16* 19. Death is said to have occurred on the date stated above, at *6:30 P.M.*
 The principal cause of death and related causes of importance were as follows:
Pneumonia Bronchial
 Other contributory causes of importance:
Hypertension, etc.

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) *R. Andrews*, M. D.
 (Address) *elmore Bldg*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mr. R. H. Anderson
New 13th St. Bldg.