1

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.

AUG 1 1936

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

Do not use this space. 28695

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. ..... Registered No. 7461

Township ..... Primary Registration District No. .....

City St. Louis (No. 4933 Buckingham Court St. ..... Ward)

2. FULL NAME Leland Alexander Wind

(a) Residence, No. 4933 Buckingham Court 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred life 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18th, 1883

7. AGE: YEARS 53 | MONTHS 4 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general practice
10. Date deceased last worked at this occupation (month and year) July 15, 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Fred Alexander Wind
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States.

MOTHER

15. MAIDEN NAME Anna Blades
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) R. Wind 4933 Buckingham Ct.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE 7-20-36 19

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar

20. FILED JUL 17 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:00 P. M.

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

Excessive Heat — Date of onset

93C

Other contributory causes of importance:

Contributory, Chronic Myocarditis.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

(Signed) [signature], M. D.

(Address) Deputy Coroner

7/16/36