

JAN 20 1937

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. Missouri Baptist Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No. 49555
Registered No. 12420 St. _____ Ward _____

2. FULL NAME Baby Leasck

(a) Residence, No. 1473 Hodiamont Ave St. 6 Ward. (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 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) Dec. 18, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
Still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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 (STATE OR COUNTRY) Mo

13. NAME Andrew Leasck

14. BIRTHPLACE (CITY OR TOWN) Salt Lake City (STATE OR COUNTRY) Utah

15. MAIDEN NAME Julia Bransky

16. BIRTHPLACE (CITY OR TOWN) Maryville, Ill. (STATE OR COUNTRY)

17. INFORMANT Andrew Leasck (ADDRESS) 1473 Hodiamont

18. BURIAL, CREMATION, OR REMOVAL See PLACE West Frankfort, Ill. Dec. 19 1936

19. UNDERTAKER Geo. R. Plitard, Inc (ADDRESS) 5946 Leighton Ave

20. FILED 1937 J. Predeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19... to... 19... I last saw h... alive on... 19... Death is said

to have occurred on the date stated above, at 11:00 A.M. The principal cause of death and related causes of importance were as follows:

Stillborn
Evagination of liver and intestines and abdominal contents
Other contributory causes of importance:
Congenital

Name of operation Still Born Date of...
What test confirmed diagnosis? Still Born 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? No
If so, specify Chester A. Pol, M. D.
(Address) 1506 Hodiamont St. Louis, Mo

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
V. NO. 2 150M-11-24-33

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.

