

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City, St. Louis, Mo. (No. 4556 Washington Blvd. 2)

File No. 8127

Registered No. 1574

St. Ward

2. FULL NAME Leo L. Barron

(a) Residence, No. 4556 Washington Blvd. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF THE LATE Agnes Barron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec., 12th., 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 I 218. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chauffeur*

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) St. Louis, Mo.

13. NAME James Barron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Elizabeth Doyle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Francis L. Barron 4858 A Natural Bridge Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Feb., 6th., 1937

19. UNDERTAKER (ADDRESS) *Strat & Campbell Co.* 4600 Natural Bridge Ave.20. FILED FEB 4 - 1937 19 *J. H. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 Tuesday 37

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7.05 p.m.

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

Date of onset

Fatty Degeneration of Myo Cardium

Other contributory causes of importance:

Coronary Sclerosis

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

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *Alfred J. Perry* M.D.(Address) *Deputy Coroner*

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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