MAR 5 - 1937

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

Do not use this space.

File No. 8861

Registered No. 2552

1. PLACE OF DEATH

County 26

Township 7

City St. Louis, Mo. (No. 4522A Newberry Tr. St. ... Ward)

Registration District No. 791

Primary Registration District No. 1003 2.

2. FULL NAME Leon P. Crets.

(a) Residence, No. 4522A Newberry Tr. 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Crets. (Goldstein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22, 1856.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
80	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Receiving Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.

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) Belgium.

FATHER

13. NAME Unknown.

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

MOTHER

15. MAIDEN NAME Unknown.

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

17. INFORMANT Mrs. G. W. Angus.
(ADDRESS) 4522A Newberry Tr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles. DATE Feb. 27, 1937

19. UNDERTAKER Math Hermann & Son.
(ADDRESS) 2161 East Fair Ave.

20. FILED FEB 26 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 22, 1937 to February 24, 1937, that I last saw him alive on February 24, 1937. Death is said to have occurred on the date stated above, at 10.30 A. M. The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2 d.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical 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) Jos. Tuskenitz, M. D.

(Address) 3601 Gravois St. St. Louis, Mo.

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.