

AUG - 5 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. LouisC. 4445

Registration District No.....

Primary Registration District No.....

(No. City Hospital No.1)791  
1008

File No.....

Registered No.....

25329

6503

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

3639 Bomberger st. 16 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 female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John H. Leasia</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 17, 1868</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>9</u>
		<u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>hwk</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>at home</u>
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)	<u>Stanton Michigan</u>
13. NAME	<u>Thomas C. Fouts</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Pennsylvania</u>
15. MAIDEN NAME	<u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Pennsylvania</u>
17. INFORMANT (ADDRESS)	<u>Hosp. Info M. Kent</u>
18. BURIAL, CREMATION, OR REMOVAL	<u>New St. Marcus Cem July 6, 1937</u>
19. UNDERTAKER (ADDRESS)	<u>Huck Bros 2201 So. Grand Blvd.</u>
20. FILED	<u>JUL 6 1937</u>

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>7/3/37</u>	19
22. I HEREBY CERTIFY, That I attended deceased from <u>7/1/37</u> , 19, to <u>7/3/37</u> , 19.		
I last saw her alive on <u>7/3/37</u> , 19. Death is said to have occurred on the date stated above, at <u>8.30 a</u>		
The principal cause of death and related causes of importance were as follows:		
<u>Cerebral thrombosis</u>		
Date of onset		
Other contributory causes of importance:		
<u>Cardiac Hypertrophy</u>		
<u>Generalized arteriosclerosis</u>		
Name of operation	Date of	
What test confirmed diagnosis?	Was there an autopsy? <u>yes</u>	
23. If death was due to external causes (violence), fill in also the following:		
Accident, suicide, or homicide?	Date of injury	
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)	<u>Charles M. Josselyn</u> , M. D.	
(Address)	<u>City Hospital No.1</u>	

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.

J. Bredeck  
Registrar.

